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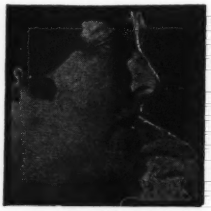

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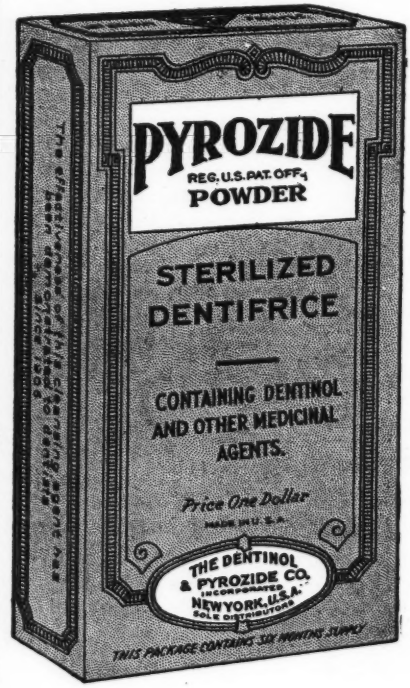

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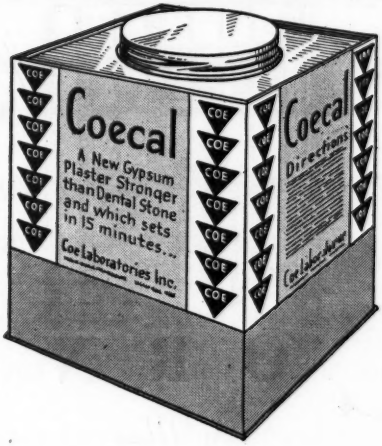

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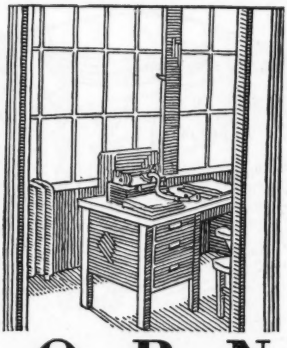

No. 107

CORNER

By Mass

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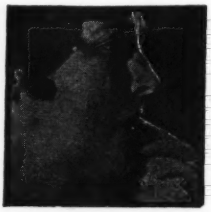

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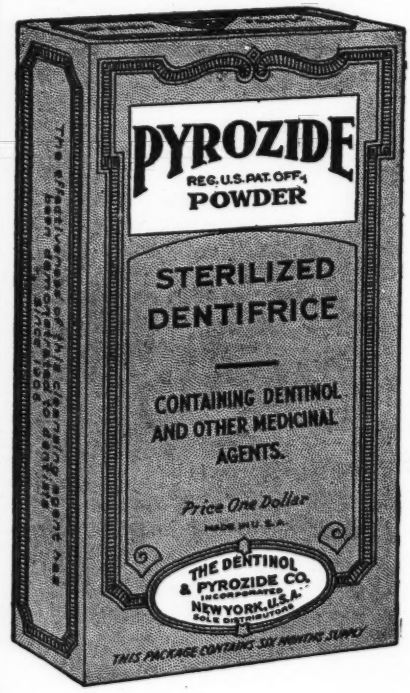

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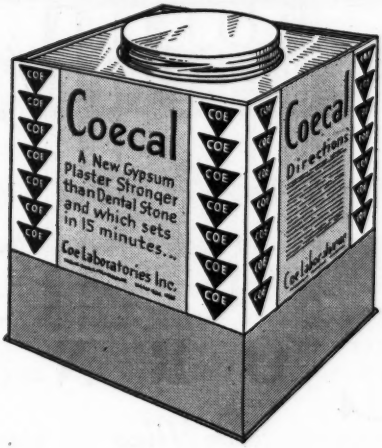

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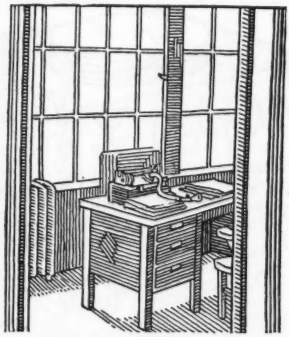

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"Usually this quotient is very low, hence the 'rushing about' you mention."

CORNER-customer Dr. I. M. Levine, of New Haven, writes: "At times your CORNER has some very peculiar stuff in it, for in one issue you send us way up with hope and confidence and at other times you make us feel as though we are the worst in the land, and that's terrible, but," he soothes, "it is good stuff for it allays all grief and worry for the time-being and therefore has some merit.

"I think it was around Christmas when you crabbed, cried and complained of how weak and worn you were and what a tough job you have—but I could see through your scheme for what you wanted was a little sympathy."

As to the *i.q.* episode he says, "I have a lot of friends in Philly where I got my training there at the University and the writer of *i.q.* will have to maintain a dignified silence if what I write hurts him, because he did not identify himself even a little bit. But I can't give him much when he asks that the CORNER print stuff about dentistry, when there is too much for us to read now about dentistry. And if he can't see what a great relief the CORNER gives to the busy mind then I feel sorry for him. I don't think he wants you to be happy. Good health and good luck!"

Dr. Charlie Weinrich of Hammond, Louisiana, harks back to an earlier issue: "My God, Mass, do you remember about the lost Charlie Ross? Of course we all have read about poor Cock Robin, but I remember when Charlie disappeared." Which I don't for I don't think I was gracing the planet at that time.

Dr. H. B. Osgood, in the midst of a busy time as publicity chairman for the recent Swampscott, Massachusetts, meeting, took time to pen a few paragraphs of cheer about the *i.q.* business, including:

"Those who are always looking for perfection in

others are just the ones who, if required to perform the same task, would be the ones to kick the bucket over."

Dr. F. J. Bergen, of Albert Lea, Minnesota, says, "I haven't slept well since receiving the last issue of O.H. but at last I can retire with a mind (if any) at rest—have figured out just what Philadelphia Phil meant by *i.q.*

"The *i.* part stands for intelligence; it just has to —don't ask me why. The *q.* was what had me downed. The light dawned at last and the whole business stood out like a sore thumb. The *q. is* for *quotidian* of which Webster says: *N. appearing every day, as a fever, with daily paroxysms.* There you have it! The man has paroxysms of intelligence appearing every day and, as he himself admits, this condition is developed to a high degree. How could one write a CORNER to suit an individual or a group of individuals like that? Not being troubled with *quotidians* myself, I like it."

And, lo and behold, here comes a boy with flowers, wired by Dr. Charlie Long, Rock Island CORNER-customer, after reading Ted's ghosting. Gosh but that gives a feller a pleasant glow and logoes-on-the-bogoes seem remote and unimportant and life's skies turn a lovely blue.

Then Jack Downes steps in, beaming, an open letter in his hand. "Something more from one of your public, Mass!"

And the letter—another shot out of the dark—under an Amesbury, Massachusetts, postmark—oh oh, and this sharpshooter is no doubt right:

"I don't want to be disagreeable but I can see no excuse for the CORNER, except only to gratify somebody's ego."

Jack paddles out, laughing nastily.

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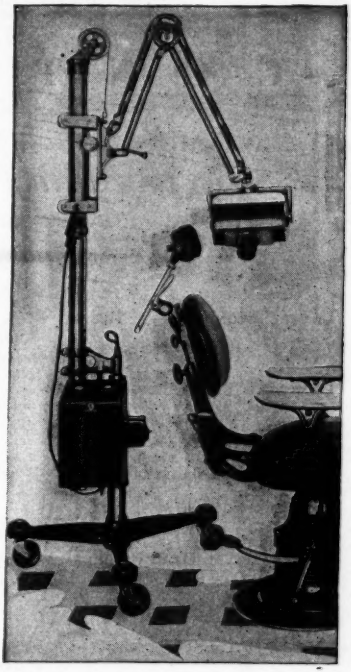

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June, 1930

Illustrations by James W. Kaufman

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ORAL HYGIENE

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A JOURNAL FOR DENTISTS

Twentieth Year

JUNE, 1930

Volume 20, Number 6

"Say, that Mrs. J. Brown Bilgewater, Jr. accepts with pleasure Dr. Jones' kind invitation for the semi-annual prophylaxis on Tuesday, July eighth at eleven forty-five o'clock."

DENTAL

AFFIRMATIVE

By Albert W. Hiller, D.D.S.
Fort Worth, Texas

I HAVE chosen the subject of dental economics because there is much being said and written about it. You will find in most every issue of our current professional journals an article or editorial on this subject and I think it may safely be said that wherever two or three dentists are gathered together at some time their discussion will touch upon this topic.

Our profession has long been noted for its progressiveness in the development of technique, and the feeling of economic unrest portrayed in the written and spoken word are merely a manifestation that the wheels of economic progress are beginning to turn.

The purpose of my paper is threefold:

First: I wish to touch upon the resistance the subject is meeting with in its introduction or adoption by the profession.

Second: I should like to set forth what a comprehensive system of economics for our profession should include, and

Third: I should like, if possible, to leave a few thoughts or practical suggestions with you, which, when put into practice, will prove the value of economics in dentistry.

(Continued on page 1225)

ECONOMICS

NEGATIVE

By Archibald C. Thompson, D.D.S., F.A.C.D., Detroit, Michigan

YESTERDAY it was diet—with its league, yet the subject of nutrition still engages the thoughtful study of the profession. Today "dental economics" is having an inning!

Much of the present literature on the matter of remuneration for dental service—together with the financial obligations and responsibilities inherent in the life activities of a practicing dentist—seems to assume that unless the plan follows in the mold of certain outlined instructions presented by men of commercial training using salesmanship psychology—unless such plans govern and control our offices—they must be run by guess-work, haphazard and unprogressive!

In this issue of ORAL HYGIENE one such paper is presented by Dr. Albert W. Hiller. After a prolonged introduction, he summarizes his presentation under three heads, as follows:

(1) "The resistance the subject is meeting in its introduction or adoption by the profession."

(2) "To set forth what a comprehensive course should include."

(3) "Some practical suggestions proving the value

of economics in dentistry."

Under the first head Dr. Hiller says, "the greatest opposition is a group of educators, politicians, and editors."

Who are these knaves who "sit in the high seats looking down on the market places criticising honest men trying to make an honest dollar?" Surely not the college faculties, surely not the men who make dental education possible! Surely, he does not include the editors of leading dental journals? The ranks of the dental profession are more than "honest men trying to make an honest dollar." They are professional men rendering an indispensable health service.

What makes the subject of dental economics of such significance is that some advocates of systems today would place it on the same plan of barter and trade. Commerce is the exchange of commodities for mutual advantage—an advantage gauged by the dollar; health service is more than that!

And, the compensation for health service is a secondary consideration. The service is the motive of the profession. For this our fine schools give our students the foundation training in dentistry.

So in the conducting of a dental practice, greater thought is being given to the professional duties, as evidenced by convention programs, study clubs, books and magazines, post-graduate courses, personal preparation for unusual health education, as in the university extension work, and a better health service. And the business routine, standardized and advanced to the finest degree, is secondary to all this.

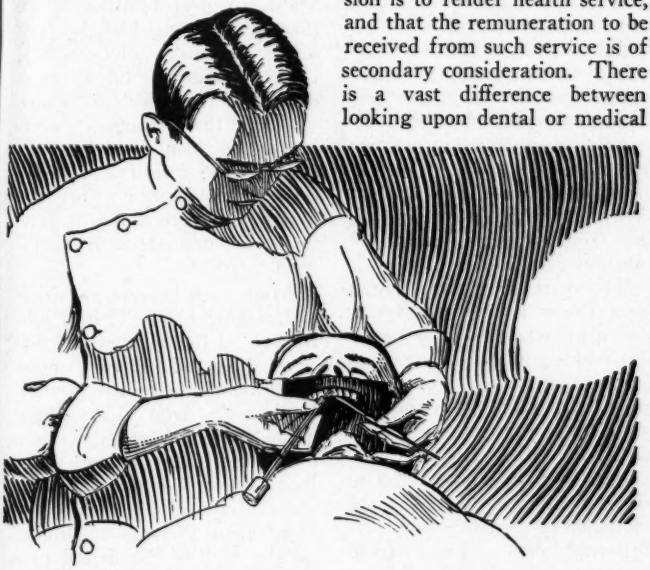
To reverse this order is to commercialize dentistry.

Neither the operative methods, nor the rules of good business procedure, of thirty years ago are appropriate for 1930; yet there are certain principles or fundamentals that should underlie and form the basis of any and all economics—whether applied to mercantile or professional activities. And it is interesting to note how the ethics of business is changing from "business is business," which may condone any rascality or trickery to "honesty is the best policy," which may be interpreted "it pays to be honest," or the psychology of such publicity as "the customer is always right." Does it not point to the time when business ethics will be on a higher plane, approaching that of the professions?

These principles are the moral obligations recognized by the better business and the legal requirements demanded by state laws, etc. All these are observed by the medical and dental professions, and, in addition, there is a quality of ethics as old as is the recognized healing art that designates the motive which animates the professional man.

The code of ethics illuminated by the spirit of the

Golden Rule is just as applicable today in the average dental office as it ever has been. The more efficiently a dental practice is organized, so far as office plan, equipment, assistants, case records, appointments, records of overhead expense, collections, etc., the better it will be able to render efficient service.



The mark of a good dentist some thirty-five years ago was the man who could insert a serviceable gold foil filling or do painless extractions, etc.

It is not the purpose of this paper to attempt to set forth any ideal plan of procedure in rendering service, but rather to attempt to outline the order or relative position of service to our patients, to the compensation that may accrue therefrom. I take it for granted that the great majority of dentists will support the contention that the prime purpose of our profession is to render health service, and that the remuneration to be received from such service is of secondary consideration. There is a vast difference between looking upon dental or medical practices as life service, and as a means to a financial end.

If dentistry is undertaken because of its opportunity for financial gain alone, then a man so engaged should probably know whether he is "selling gold restorations to amalgam incomes," he should probably "contract" every case, and he may find it necessary automatically to "time check" the seating and unseating of every pa-

tient! Such a man would undoubtedly argue for "a charge for anesthetics, treatments, etc., and a full x-ray for every patient." This is recognized good business! This will insure larger financial returns!

But for the man who is practicing dentistry as the early leaders and founders of the profession conceived it, as the outstanding men of today practice in every state, the first consideration is the health of the patient. Dentistry, so conceived, has from year to year made splendid progress.

The mark of a good dentist some thirty-five years ago was the man who could insert a serviceable gold foil filling or do painless extractions, etc. Then came Dr. Land (Lindbergh's grandfather) who not only strove to attain to the best-known dentistry but added to the general knowledge by the invention of the porcelain jacket for vital teeth. This marked an advance in dental service—and we might go on through the advances in prosthesis, removable-bridge work, plastic surgery, exodontia, orthodontia, care of children and periodontia, etc.

None of the men who made these advances possible made them primarily for financial reasons.

In every state there have been men like the late Dr. William A. Giffen of Detroit, who was most loved where he was best known, because he gave his best, gave without reservation the service that benefited his patients and added to the advancement of his profession.

This does not mean that the financial management of the office was neglected; it does mean that the men who had the gray matter to make good in this chosen profession did so by a display of the ability to render service to their patients, to command their confidence and respect to the fullest and to receive compensation for the health service rendered in some measure commensurate therewith.

Many men today are writing and talking about "dental economics" as though they had discovered something new, something unknown to any but the "initiated" who have been guided (?) to financial wisdom by salesmanship training!—who look upon "educators, politicians, and editors," to quote from one of them, as mill-stones on the neck of the dental profession. Others slander the colleges for not teaching them "business sense."

The overwhelming majority of the dental profession, as represented by the membership of the American Dental Association, have not followed haphazard methods of financing, but a survey should reveal that the business side of dentistry has not been entirely neglected.

In the great majority of offices, the doctor has the confidence of his patients, and these patients may be classified into several groups:

(1) Those who come from year to year for care, ask few if any financial questions; those who believe they are being professionally cared for, who would be offended if presented with a "contract," and who pay each monthly statement within reasonable time and do not think of an itemized account.

(2) Those whose financial limits are known to the dentist and who may need extensive dental care, with whom the expense is freely discussed and time payments arranged.

(3) New patients who are advised as to the condition of the teeth, etc., in relation to their general health, who are told, in part at least, what should be done, are given some idea of the cost expectancy, and, if service is requested, arrangements are made for financing, including a down-payment.

Such business methods are as much a part of an ethical practice as banking methods.

With the dental profession of every community should rest the dental health problems of that community. It is their responsibility. If they do not assume it, who will?

The financially responsible and the less fortunate who are not paupers, but may be classed as semi-indigent, should be cared for by the profession directly, and the indigent through the aid of the state, city or municipality.

There certainly should be no hesitancy in following some economic business principles, principles that recognize both the profession and the patients served, without the abandonment of the time-honored ethics of the profession.

Professional standards need not be lowered to meet present-day conditions. Commercial standards are advancing to higher planes and in their fields are approaching the ethical standards of the healing art.

The dentists of this country cannot afford to lower their standards; they must assume their full responsibility for their patients from a health point of view.

In this connection I should like to raise these questions: Is the dental profession meeting its obligations to the children?

Would the conditions found among school children be as they are reported, if they did? Is not preventive dentistry more worthwhile than purely reparative?

* * *

The Affirmative

(Continued from page 1220)

Touching the subject of resistance—while this opposition slows the wheels of progress and has for its end-result merely the postponement of our economic freedom, it is a force that meets the introduction of all new ideas and is easily explained.

Professor James Harvey Rob-

inson, in his enlightening and popular book, "The Mind in the Making," paints a beautiful word-picture of our state of mind—hear what he has to say:

We sometimes find ourselves changing our minds without any resistance or heavy emotions, but if we are told we are wrong we resent the imputation and harden our hearts. We are incredibly heedless in the formation of our beliefs, but find ourselves filled with illicit passion for them when anyone proposes to rob us of their companionship.

It is obviously not the ideas themselves that are dear to us, but our self esteem which is threatened . . . The little word *my* is the most important one in human affairs, and properly to reckon with it is the beginning of wisdom. It has the same force whether it is my dinner, my dog and my house, or my faith, my country and my God.

We not only resent the imputation that our watch is wrong or our car shabby, but that our conception of the canals of Mars, of the pronunciation of Epictetus, of the medicinal value of salicina, or of the date of Sargon I, are subject to revision. . . . We like to continue to believe what we have been accustomed to accept as true, and the resentment aroused when doubt is cast upon any of our assumptions leads us to seek every manner of excuse for clinging to it. The result is that most of our so-called reasoning consists in finding arguments for going on believing as we already do.

Hear also what Herbert N. Casson has to say in his book "Creative Thinkers." He states his formula of progress as follows:

In the evolution of the human race upwards, all progress depends upon the production of a comparatively small number of improved individuals, who are superior to the mass in knowledge, skill or character, and who, by reason of their superior powers, render a new service to the mass of people among whom they live.

This is the law of the EFFICIENT FEW. It points out that progress depends upon the differentiation of a few higher quality samples of human beings.

The mass of people are never progressive. The mass of people can destroy, but they can never create. They can pull down, but they can never build up. All the constructive work done in the world is done by a few individuals, and usually in spite of the active opposition of the mass.

He further states that, according to his formula of progress:

All new ideas, methods and inventions come from a few people, and these few are invariably opposed and attacked by the mass of people among whom they live.

The man who takes a step in advance of the crowd has stones flung at him. This is almost as true in London, Paris and New York as it is in the villages of the African jungle. The mass of people always have mass thoughts and methods. There is always an orthodoxy, in arts and literature and business as much as in religion, and the man who dares to think for himself is a heretic. He is always disliked. Often, he is hated. Now and then, he is killed.

There are at least three reasons why the mass of people are opposed to new ideas:

(1) Because they are making money out of the old ideas. If a man is a maker of wheel-barrows, he is opposed to the man who invents pushcarts. If he is a maker of quill pens, he is opposed to the man who invents steel pens. All saddlers are opposed to motor-car manufacturers, and so on.

There are always vested interests in the old ideas. That is why workmen, in the early days of in-

dustrialism, broke up machinery or refused to use it. They thought their jobs were in danger.

(2) Because most people are mentally lazy and do not want to adjust their minds. The old ideas require no effort. Belief is easy, while thinking is difficult. Always, the mass of people prefer the easy way.

(3) Because most people do not understand what the new ideas are. The new ideas seem to show them up as ignorant. So, in order to maintain their reputation for wisdom, they must attack the new ideas and push them out of the way. This is especially true of the professional class, who are as much opposed to progress as wage-workers are.

Once a man is out of school, he objects to being taught. Very few people remain students all their lives, as they should do. They have acquired a certain technique, which they call a profession. Or they have learned a certain bit of hand-work, which they call a trade. And they object to any changes and improvements.

No new idea is so self-evident but what it will be denied and discredited. No new method is so helpful but what it will be called dangerous and destructive. "Truth is always on the scaffold." The value of a new invention has never protected it from its enemies.

It is self-evident that progress moves always from the simple to the complex—from the few to the many—from the individual to the nation—from the superior nation to the human race.

What we are in need of now is real leadership.

Let us consider for a moment the greatest source of this opposition. It is a group, made up largely of dental educators, politicians and editors, who sit in the high seats and look down into the market-places criticising honest men trying to make an honest dollar, but offer no relief but the paupers' dole collected from the sale of Christmas seals.

Many of these men talk and write from behind the comparative security of a roll-top desk or lecture table. They have not operated at the chair a day for the last decade or more. That they do not have a true cross-section of the profession as a mass is self-evident from their statements. Some are inconsistent, for I read an editorial in one of our recent dental publications, the editor of which left the deanship of one of our leading schools to become the editor of this journal. When asked why he was forsaking the leadership of a great school he answered, "for pecuniary reasons."

Some readily admit that we need economic readjustment but criticise the source of instruction. I am not here to discuss this question. In my opinion this is a narrow view. We were taught our dental jurisprudence by a lawyer, and practically all of our modern research is done by chemists in the employ of manufacturers. Most of our technical progress has been given to us by the trades, and common sense dictates that for the solution of our business problems, the place to go is to the business world.

There is another group composed of men who are enjoying good practices or are otherwise

comfortably situated. These men are, generally speaking, indifferent. They say nothing for or against economics.

Some of these men are endowed with natural economic ability. Others enjoy good practices because of favorable locations or connections. With less favorable locations or connections they would not be so successful. Some married, inherited or made money outside of dentistry. This group, because successful, is looked up to by the mass of practitioners and what they do and say greatly influences them. This attitude of indifference, therefore, seems unfair.

These men are in dentistry and, as long as they are, should concern themselves with the elevation of the profession to its rightful position in the affairs of life.

Let them set aside their old beliefs long enough to study their less fortunate brethren, ascertain their needs and then, by example and recommendation, point out the road to successful practice.

We have had enough talk—what we need and want is action.

Let us now consider what a comprehensive system of dental economics should include. Briefly:

The correct use of system.

The psychology of successful presentation of services.

The value of time in a dental office.

A collection plan that will collect and not offend.

Cost accounting.

A plan for the assistant that will enable her materially to increase her efficiency in the dental office.

An understanding of the value of service.

You will note that I said "the correct use of system."

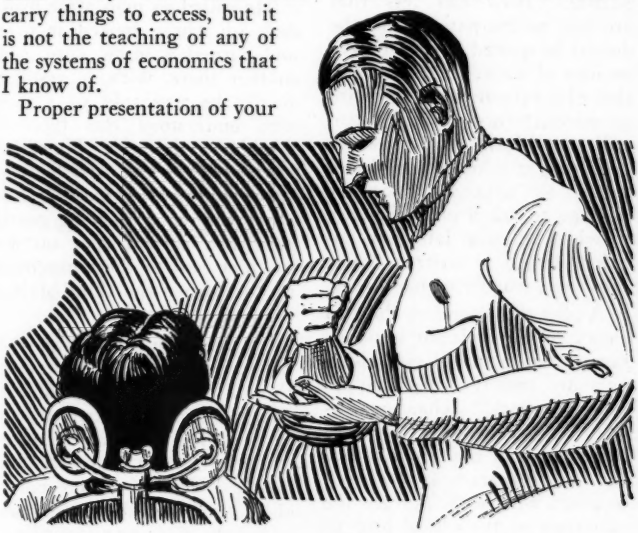
Used correctly, system becomes a weapon in the elimination of lost motion. System is necessary, but only up to the point where it interferes with initiative and development; beyond this point it becomes a monkey-wrench in the wheels of progress.

We should use it to standardize our routine affairs—be systematic about making and keeping our appointments—use system in the keeping of our records, handling telephone calls and patients—be systematic in ordering supplies, etc. In general, all the routine practices of our office should be standardized and systematized so that the dentist and the assistant will stand on a common ground with an understanding of the workings of the office. Paying attention to system will materially increase the number of productive hours in the dental office, which is an important step in the right direction.

The successful presentation of our services is a subject to which we have given little thought and study in the past. I do not mean by this the so-called high-powered salesman-

ship. High-powered and high-speed salesmanship are things of the past in legitimate, honest business. Of course we shall always have those who carry things to excess, but it is not the teaching of any of the systems of economics that I know of.

Proper presentation of your



High-powered salesmen are things of the past in legitimate, honest business.

services will recognize the classification of your patients. It will safeguard you against selling gold restorations to amalgam incomes. It will help you to know the value of contracting your cases, which is the most successful cure for many of our economic ills. The subject of contracting cases is sufficient to offer an evening's discussion but there is much we must leave unsaid here.

The value of time—next to our "knowing how"—time is our greatest asset. The fact that the average dentist has only about one thousand productive hours a year proves how precious the element of time is in a dental office. Yet there is little effort made to conserve it. We permit our patients and ourselves to squander our time. We excuse our patients who come late. We permit them to break their appointments, and wave it off. How many offices are there where the only use for time is to hurry one patient out to get another in?

Cost accounting—how many offices have any idea what it costs to produce a piece of work so that the cost can be checked against the estimate quoted? All of our fees in the past have

been arrived at by guess. It is no wonder that about one-half the dentists in the United States have a net income of about $2,500. How can fees that are fair to the patient and the dentist be quoted when we have no idea of costs? The installation of a time-stamp along with an adequate accounting system will soon show where we are operating at a loss and will also supply us with the necessary courage to ask a profitable fee, to which all who labor are entitled, for, it is written, "The laborer is worthy of his hire."

A plan that increases the efficiency of the assistant is necessary. Too many of our assistants are merely "office girls," "door openers," "chair warmers" or "maids." There is a large work in the dental office for a well-trained, cultured woman, who will increase the efficiency of the office, help us better to know our patients and take some of the load from the dentist, releasing him for more productive effort. How many of us are doing the work that a 50-cent an hour assistant could do? And you with a potential earning power of from $6 per hour, up!

The value of service—service is the tangible part of "knowing how." I am reminded of the man who possessed a very intricate, as well as delicate piece of machinery. It was not functioning as it should and so he had it looked after.

He called in man after man, each of whom looked it over and turned a screw here, and another there, with no results; finally he was told of a man who understood this type of machine completely. He called in this man who quietly listened then studied the machine for a short time. Then he gently tapped a certain spot on the machine and to the amazement of the owner the thing started off like new.

In due time the bill arrived. It was for $25. The owner, thinking the amount of the charge outrageous, contested the bill, asking for an itemized statement, saying to the mechanic, "You were here only a short time and all you did was to tap the machine a few times." The itemized statement came and these were the items:

Tapping machine	$ 1.00
Knowing where to tap	24.00
Total	$25.00

Parasites have pulled down many a jungle and many a throne and many a business firm. The parasites of dentistry are pulling down our incomes. These constitute about 70 per cent of a dental practice. What are you going to do about it?

Now turn back to page 1221 and read Dr. Thompson's presentation of the negative.

DENTISTRY *under* DIFFICULTIES

By Capt. George Cecil, Paris

ALTHOUGH in most parts of France and Belgium the dental surgeon thrives, he is hard put to it to save money in the (still) war-devastated frontier areas. Indeed, the busiest and most skilled practitioner may find it difficult to make ends meet, for the aftermath of hostilities is by no means over, all being mostly desolation upon desolation. The poorer people live in ramshackle huts, or in houses which, having suffered from shellfire and bombing, sometimes are patched with tarpaulins and corrugated iron. Gone are their savings, and many lead a hand-to-mouth existence; consequently, money is scarce and patients few. So the

dentist spends much of his time going from village to village, the inhabitants of which force him to accept very small fees, even infinitesimal ones.

These lamentable conditions apply more to the North of France than to Belgium. For King Albert's country was destined to become a province of the augmented German Empire, and, with this end in view, comparatively little damage was done. But the other side of the border got pretty well shelled out of all resemblance to the original, bombs completing the wreckage. Certainly, the trenches have long been filled in; the roads, which the artillery, tank and heavy motor-lorry traffic rendered impassable, were repaired years ago. In many villages, however, mounds of broken masonry and mildewed rafters take the place of houses and cottages, while debris lines the streets. And the village church may be without a tower.

Meanwhile, the borderers could not be much worse off, so, all things considered, they have some excuse for grinding the dentist down to the lowest possible fee. Only as a last resource do sufferers avail themselves of his services, while bridgework, except in cases of the direst necessity, is out of the question. "Without teeth you cannot eat," suggests the harassed dental surgeon. "I cannot afford to eat," is the practical reply. The most inexpensive filling is a luxury, one in which the well-to-do alone can indulge. Happily, the dentist gets a fair amount of extracting work, though unfair competition stands in the way. The impoverished peasant refusing to believe that only a skilled operator should be entrusted with the removal of a tooth, allows a local apothecary to operate upon him. Or a stalwart friend, with a powerful wrist, obliges, the reward being a glass of rum and several French cigars. Something more than the offending tooth may be removed.

Every now and then a dentist has a stroke of luck. The Lord of the Manor sends for him, and he spends a few days at the Chateau, being well paid for his professional attentions. The visitor overhauls the

mouths of Monsieur, Madame, and the family, the servants also submitting to his ministrations. But such happenings, alas, are comparatively uncommon.

THE ECONOMICAL PRACTITIONER

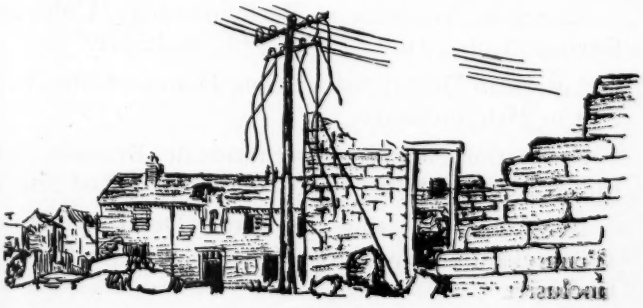
Railway companies having raised their pre-war rates to a much inflated figure, the dentist usually finds it expedient to buy a small car. The vehicle is large enough to carry his impedimenta, and, if summer time be warm, he sleeps in the auto when touring the district, thus saving the cost of a hotel bedroom, the charge for which is out of all proportion to its worth. Meals are taken at some wayside eating house, where a room is converted into a temporary dental office. Occasionally, the house is little more than "a thing of shreds and patches;" glass being expensive, the windows consist of oiled paper; shell-holes in the walls may be covered with sacking, the roof is barely watertight. The floor is uneven, the ceiling all cracks and dirt, the damp has got into everything.

The room, however, answers its purpose, while the simple-minded patients do not ask for anything better. Besides, the equivalent of twenty-five cents pays for a whole day's hire, and this detail has to be considered seriously when the practitioner is not taking more than from fifty to seventy dollars a month out of his wandering practice, with another thirty or forty from home patients. After deducting the necessary expenses of his profession, there is little money left for rent, food and clothes. Nor for the proverbial "rainy day."

Occasionally the Mayor proves a friend in need, placing a room in the *Mairie* at the disposal of the dental surgeon. As glass windows are a specialty of the building, a proper light is secured.

WHERE GAS IS NOT POPULAR

Sometimes the dental surgeon runs short of cotton wool, and of a local anesthetic, when miles away from a town phar-



macy. He may be attending to patients in a village where the primitive druggist has never kept such things in stock. As to anesthetics, it does not greatly matter, for the extraordinary superstition of the peasants in certain wild districts makes them object to injections. Gas, too, is unpopular. "Do your worst," says the heroic martyr.

Every now and then, a French dentist, greatly daring, ventures into Belgian territory. Such visits, however, seldom are welcomed, since Belgium prefers her own dental practitioners.

At Menin-Halluin, a tiny, war-wrecked frontier townlet, which is half in France and half in Belgium, a stream dividing the two countries, each nationality is represented by a dentist. There scarcely is enough work for one man; but patriotic feeling demands two.

DENTAL MEETING DATES

Northeastern Massachusetts Dental Society, Swampscott, Mass., June 9th to 11th, inclusive.

Northwestern University Dental School Annual Homecoming Clinic, Chicago, Ill., June 11th-12th.

Mississippi State Board of Dental Examiners, Jackson, Miss., June 17th to 20th, inclusive.

Maine State Dental Society, Poland Spring House, South Poland, Maine, June 19th to 21st, inclusive.

American Academy of Periodontology, Colorado Springs, Colo., July 17th to 19th, inclusive.

American Dental Association, Denver, Colo., July 21st to 25th, inclusive.

Federation Dentaire Internationale, Brussels, Belgium, August, 1930 (definite date announced later).

New York Meeting for Better Dentistry, Hotel Pennsylvania, New York City, December 1st to 5th, inclusive.

PANEL DENTISTRY

PART II

(Continued from May Issue)

An address by F. N. Doubleday, L.R.C.P., Lond., M.R.C.S., L.D.S., Eng., London, England.*

Discussion by Herbert E. Phillips, D.D.S., Chairman A.D.A. Committee on the Study of Dental Practice, Chicago, Illinois.

As reported by T. N. Christian, D.D.S., Assistant Publisher of ORAL HYGIENE.

EDITORIAL FOREWORD

DID you read the first part of the story concerning Panel Dentistry, in the May issue of ORAL HYGIENE? To get the full import of the meaning of this system of dentistry, as practiced in England, it will be necessary for you to read the address of Dr. F. N. Doubleday and the discussion by Dr. Herbert E. Phillips. You will find this beginning on page 981 of the May issue.

To refresh your minds, we will briefly review the points brought out by both essayists. Dr. Doubleday told what Panel Dentistry really is and how it had been instituted in England through a process of gradual economic evolution.

Perhaps a definition of Panel Dentistry, as we understand it, is indicated at this time. Panel Dentistry is a system of national dental insurance and treatment, carried on by the large insurance groups of England and under the supervision of the Government.

Health insurance is compulsory in England among members of the working classes whose incomes are less than $1,000 a year. The payments on this insurance are made in small, weekly amounts, by both the employee and the employer. In case of sickness the insured receives regular compensation and is at all times entitled to medical care. At the age of 65

*Presented before the St. Louis Dental Society, March 15, 1930.

the insured is placed upon a pension, sufficient to care for limited needs during the rest of his or her life.

In order to care for the medical needs of this great class of insured people in England, Panel Medicine was first inaugurated. The "Panel" consists of the names of those medical men who are willing to care for these insured persons for a stipulated yearly fee. Patients are allowed to choose any physician whose name has been approved by the insurance society and placed on the Panel, or list of physicians.

Panel Dentistry came into being when these insurance societies found that there was a surplus of dividends after all medical needs had been cared for. It was decided to extend the benefits to the care and repair of the teeth.

Panel Dentistry is conducted in much the same manner as Panel Medicine, there being an approved list of dentists who have agreed to work for a set scale of fees and under certain fixed conditions.

There might possibly be some things to recommend in the system of Panel Dentistry were it not for the fact that the scale of fees is so ridiculously low and ill-proportioned, and the conditions laid down by the insurance societies so drastic and their lay officials so dictatorial.

The actual working of this system of practice was fully explained in Dr. Doubleday's address in the May issue of ORAL HYGIENE. Dr. Herbert E. Phillips, who is Chairman of the American Dental Association's Committee on the Study of Dental Practice, told about the changes that dentistry has undergone during the past quarter of a century. Dr. Phillips also pointed out that there is a growing tendency in this country toward a system of national health insurance and showed that it is the duty of the American profession to prepare itself by fixing a scale of fees, in accordance with our standards of practice.

In order that the American profession may estimate correctly the fundamental cost of dentistry, the Committee, of which Dr. Phillips is chairman, has begun an investigation into the cost statistics of the American dental profession. A questionnaire is being sent to a portion of the profession, asking for information concerning their practices.

One-fourth of the American profession will receive these questionnaires and it is urgently requested that those who receive them fill them out and return them immediately to the Committee.

After reading the first part of this story on Panel Dentistry, printed last month, and that appearing in the following pages, we believe that every American dentist will see the importance of co-operating with

ORAL HYGIENE Photo.

Ernest W. Clegg, D.D.S.

Dr. Clegg was born and educated in England and is conversant with economic conditions in that country. In this issue he tells about his conception of Panel Dentistry and what it will mean if it is instituted in this country.

the American Dental Association in this important work.

We will now present the last part of the discussion on this subject and we believe that every reader will find this portion as interesting as that published in May ORAL HYGIENE, due to the fact that many important points, which were not previously touched on, are fully discussed in this section:

CHAIRMAN CHAMBERLAIN: We have a member of the St. Louis Dental Society, who was born and educated in England, and he possibly may have something to offer—Dr. Ernest W. Clegg.

DR. ERNEST W. CLEGG: I had some experience with Panel Medicine in England, prior to the war, and there are some questions I would like to ask Dr. Doubleday, in order that I may obtain a clearer conception of the manner in which Panel Dentistry is handled.

I was employed, at that time, and the manner in which my Government insurance was cared for was for my employer to place a three-penny stamp on my insurance card on Monday, while I, in turn, was required to place a four-penny stamp on it. This insured me for that week.

If you employed anyone on Monday, for instance a charwoman, you would have to pay her insurance because that is the beginning of the week and the day on which the health insurance is payable. If you employed her on Tuesday, you would not have to pay her insurance because her employer on Monday would have paid it. If she was not employed on Monday, she would have had to pay it herself.

I believe that the greatest trouble with the dentists in England is that they are not completely organized. Dr. Doubleday told you about the dentists who graduated from the schools. Dental education over there is extremely difficult for the student. In fact, the entrance requirements for the study of dentistry are the same in England as for medicine and before you enter a dental college you are required to take the entrance examination, which is generally a matriculation examination to any of the large universities — Birmingham, London, Liverpool and Manchester.

This system, therefore, makes dental education in England very expensive and is the reason so few take up dentistry. This is also the reason why you have a very dignified type of man in dentistry.

Dr. Doubleday also told you about the other type of person practicing dentistry. I believe that during the War, or even previous to that time, each dentist had his own mechanic in his laboratory. Over here we have our organized laboratories.

During the War there were so few dentists in the army to care for the dental needs of the troops that they granted provisional licenses to these labora-

tory men to serve as dentists during the War period. This took place until America entered the War and it was then possible for them to get American dentists to come over and help to rectify this situation. I hope that Dr. Doubleday will further enlighten us about the manner in which England secured these two classes of dentists.

I spoke to you about the dignified English dentist and I would like to add something to this, because I speak from experience. When I came to this county, I, too, was dignified but I found that it did not get me very far, so I changed my tactics. You cannot live on dignity in this country so, therefore, you have to get the money. [Laughter]

When I was in England I talked to several dentists about the coming of Panel Dentistry and they seemed a bit disheartened, especially regarding the fact that the insurance commissioners were calling upon them and they could not do anything because they were not organized.

Thank goodness, the dentists in this country *are* becoming organized, and will be on the lookout for anything that may come along, as this meeting should prove.

Speaking of mass-production in this country—I believe that there is too much talk about this subject. The Englishman reads in his papers, "Henry Ford pays at least $7.50 a day," and immediately he wants to come to this country. He forgets that if Henry Ford *pays* $7.50 a day (I don't know whether any of you fellows work for Henry Ford or not) you *earn* $10.00. [Laughter]

We have the Panel System in vogue in this country, especially in medicine, and yet do not realize it. Many of the large railway organizations, industrial concerns and department stores have their own dentists. We do not know under exactly what conditions these dentists work but we do know that in most cases men who are not dentists direct them, which is exactly the condition in England.

They made the greatest mistake in England when they took Panel Dentistry out of the hands of the State and put it under the control of insurance companies, or what they call "Friendly" or "Approved Societies." The societies over there are a group of men joined together for mutual welfare, similar to the Woodmen's organization in this country, and they are the ones who are endeavoring to direct Panel Dentistry.

I have had no experience with Panel Dentistry because I was not in England when it was in existence. I do, however, know about it in medicine and will tell you how it works:

In one city, for instance, there were four physicians, all of whose names were on the Panel. One of these men, while he may not have been more proficient, was more of a hand-shaker—

you know what I mean—and had 4,000 patients on his Panel. For those 4,000 patients he received the magnificent sum of eleven shillings per patient a year—that is, $2.75 a patient. This one physician received over $10,000.00 a year from the Government to treat those patients and yet he had his own private practice on the side.

This physician took Panel patients on the condition that he be allowed to build a special waiting room for them. You can just imagine, if you were on that doctor's panel, where you would be on the line waiting to have your stomach-ache relieved. That is one instance of the unfortunate condition in the Panel System of medicine in England.

If, however, you are not satisfied at the end of the year with your Panel physician, you may ask to be placed on the panel of some other doctor.

I do not see how this could be worked in dentistry because the dentist is on an entirely different basis from the physician. As Dr. Doubleday explained to you, it has evolved into a system. The dentists in England are not organized, therefore, they cannot tell the insurance companies, nor the State, what to do and are mere puppets in the hands of the higher powers.

In speaking of the social standing and the dignity of the higher powers, I would like to ask a question of Dr. Doubleday. A year or so ago, we started some clinics in St. Louis and the Hygiene Committee was informed that it could get a good dentist for $125 a month. Coincidentally with this, I received a letter from a friend of mine near London, who was the second dentist chosen in a county in England to take care of the children's teeth, and the British Government paid him twice as much as the sum for which we could employ a dentist in this country. There is a question Dr. Doubleday can answer for us—who is receiving the money for dentistry in England, the heads of dentistry or the average dentist?

Dr. Doubleday said that the Panel System increased the medical maintenance in England. I believe that it did. The Government expected that, because before an Englishman prepares for an advance, he prepares for retreat. The American goes ahead regardless of the outcome, but the Englishman is different.

When Napoleon went to Moscow he would not have had the fiasco that he did, if he had only thought, "I may have to retreat." He lost nearly half a million men simply because the Russians burned the city along with its food and his men starved to death. If Napoleon had thought, "I may have to retreat," he could have made his advance successfully and if he had retreated he could have persuaded everyone that it was a victory.

An Englishman does not make an advance until he has

prepared to retreat and so the English Government probably had this in mind when they introduced this system of Panel Dentistry.

My father was on the first Committee of Insurance and he said to me, "Do you think I ought to serve on this Committee?" I said, "Certainly you had, because it is the first Committee."

Lloyd George was the one who put the Panel Plan over and everyone said, "The whole English Government will be bankrupt."

Let us look at this System—everyone is medically insured and at the age of 65 receives an old-age pension. Doesn't it sound plausible, that if you bring up a generation that is healthy, it will not require a great deal of medical attention? Consequently, a physician who has 4,000 patients on his Panel will probably treat only a few hundred of them because the others are healthy. These people pay all this money throughout their lives and at the age of 65 they have paid enough premiums to justify their pension. The pension is only $2.50 a week, but, of course, that goes much further in England than in this country.

I believe, therefore, that the Panel System tends to produce a healthy nation and provide for old age. But the American is a different type of individual. He does not merely want to provide for his old age and therefore fights ahead. I do not believe that the Panel System would work in this country.

We talk about mass-production but I do not see how it is going to work in dentistry. You say that the dentist is an individual and you will also find the American citizen an individual. If an individual wants to go to Dr. So-and-So and the Government tells him to go to some other dentist, you know what he would tell the Government. [Laughter]

We have heard a great many statistics this evening. Dr. Phillips said that there are some 70,000 dentists in the United States and that their income is $150,000,000 a year. Dividing this income among 70,000 dentists, we find that it makes an average of $2,143.00 a year. Just imagine that! You speak of dentists in England requiring old-age pensions—some of the dentists in this country had better be careful!

From my observation, there is only one salvation for the American dentist. American dentistry is getting better every day because we are taking more interest in dental societies and in the advancement of the profession. I am on the Committee of Public Dental Education and we are doing our best to educate the public with educational films, school dentistry and helpful propaganda of this kind.

Our greatest need, however, is more research.

We are leaving this to the manufacturers of dentifrices

and tooth brushes, who in turn ask us to recommend their products to our patients, while they carry on the educational work.

We often hear of large sums of money being given to dental education but in most cases it is not given to the faculty. A beautiful building is erected but you will find that the faculty-members are usually paid small salaries and are compelled to do other work on the side for part of their income.

If the American dentist takes a more intelligent interest in research—and I believe it is coming because this has been the most successful meeting I have ever attended in St. Louis—I do not think we will ever be faced with the possibility of Panel Dentistry being instituted in this country.

CHAIRMAN CHAMBERLAIN: Both Dr. Doubleday and Dr. Phillips will welcome any questions you may care to ask.

DR. A. T. GAST: There is one thing that pleases me more than anything else that has been said here this evening, and that is with reference to the interest that is being shown in this question. I think it often takes questions of this kind to bring men out and get them interested—to get them to do things and think about things that are going on.

As Dr. Phillips said, a change is going on right now before our eyes and we should bear the fact in mind, looking ahead to see how we are going to take care of it. If we do that, we are going to save a great deal of trouble in the future. It will all be to our advantage and there is no disadvantage connected with it.

CHAIRMAN CHAMBERLAIN: I am going to ask Dr. Doubleday to close the discussion.

DR. DOUBLEDAY: Mr. President and members of the American Dental Association: I shall say only a few words to you, but I want, first of all, to refer again to the time when insurance dentistry may come into this country. I realize, of course, that you can judge that better than I can, but I believe that you will find it coming sooner than you think. I will illustrate in this way: in England, a great deal of interest is shown in one of your domestic problems, upon which I offer no opinion, but which is, I believe, of a somewhat thorny character —the problem of prohibition.

In our English history books, all our school children are brought up to believe that the greatest Englishmen in their day were George Washington, Thomas Jefferson and those men who signed the Declaration of Independence (as they were Englishmen before they were Americans we are entitled to claim that). Our people are brought up in the belief that the United States is the home of liberty, the home of freedom, and when you hear prohibition discussed in England, you find that the average man and

woman who has never been out of the country, and knows nothing about you, is thoroughly amused and says, "Here is dear old Uncle Sam, and he has himself tied up in a knot." They are interested, on the ground that they think you have lost a little bit of your freedom. This question, however, has had a most profound effect upon our people in England, because they say, "Whatever problems they may have in connection with prohibition in the United States, the basic idea that lies beneath it is good."

We know that you people in the United States are a very temperate people and do all things in moderation, but in England we are not so. [Laughter]. The public effect and influence of American prohibition has been enormous in England. I think it has probably reduced the drinking of alcohol fifty per cent in England.

I believe that in these days the world is becoming smaller and smaller, and that just as your action in prohibition has had a profound influence in our country, so the measures we have taken in national health insurance will, in time, and in no long time, exert a profound influence in your country, too. I, myself, have no political opinions whatever, but I am very much interested in the people of our country because I am getting to be an old man.

I have spent twenty-five years working in a hospital in London, all of which has been among the poorer class of people, and I am interested in them, not just as patients, but as social units. I find that their trade-union leaders come over to this country to see what sort of convalescent homes you have and the conditions of your workers in Pittsburgh. When they come here they exchange views with your trade-union officials.

I am quite sure that all of us believe that on the whole, as Dr. Clegg said, "We are helping to build up a healthier and a better population in our country through these actions."

I believe that you will have the reflex here sooner than you think. You are not really facing a problem of twenty-five years hence—you are much more likely to be facing a problem of five years, and so I emphasize the fact that the question is of great importance to you.

The next question—are you going to have voluntary or compulsory insurance? I believe that when it comes, however much you may like freedom, and however much the American may wish to be individual, you will find that you must make this insurance compulsory, because the very people you want to get to, the very people you want to keep in power, the very people you want to keep from ill health, the very people who cannot look after themselves in old age, must be insured by compulsion. Therefore, in our country, we

believe that compulsory insurance is right.

We go further than that: we have linked a regulation to voluntary insurance, that everyone with an income limit below one thousand dollars must be insured—they have no choice. We go further and say that everyone with an income of four hundred pounds, that is about two thousand dollars, may, if they wish, be insured. That is to say that members of the poorer classes may, if they are earning less than two thousand dollars, come in as voluntary insured persons. They think so well of this scheme, that, as the knowledge of it is spreading, the number of voluntary contributors is increasing. This is a tribute to it and shows what the average person thinks of it.

It has a greater insurance value than that—the dentists in our country find that certain members of a family will be compulsory insured persons—and the son or daughter will have an income limit below one thousand dollars and will come to the dentist and say, "I am on the Panel, I want certain treatments carried out on the Panel system."

A few months later, or perhaps the next year, the father comes. He is not an insured person—his income may be ten thousand dollars but he comes to the dentist and says, "I want a filling in this lower tooth." The dentist quotes him the fee—four times the fee of the insured person. The father says to the dentist what Dr. Clegg hinted you people might say to the Government of the United States—"You go to a warm place; why should I pay four times the fee that my son paid for the treatment?"

The result is that the standard fee fixed for the insured person is tending to become the standard fee for the whole field—all middle-class practice.

Therefore, the level at which that fee is fixed is something greater than the mere insurance.

I think the outcome of it is that you need, as Dr. Phillips has been telling you, visualization of this problem. You need to organize, need to be prepared to negotiate a sufficiently high scale of fees in the beginning.

There is just one more impression I wish to make. Dr. Phillips and Dr. Clegg have both spoken about old-age pensions for dentists. That is, of course, quite different from the national health scheme of the Government.

The dentists, through the organization of the British Dental Association, are trying to build up their own pension scheme for their own men. They will not be paid ten shillings a week; they will want one thousand pounds a year, a very fine set of golf clubs, and goodness knows how many golf balls. It is a very expensive thing.

No less than one-third of the whole population in our country

come under the operation of the National Health Insurance Act, and therefore, one-third of all the patients are coming under this treatment. The amount of money spent in benefits is almost two million pounds a year —that is, ten million dollars a year, among this limited number of people engaged in practice. The average amount of money is very considerable. As the funds accumulate, it will be bigger.

When these fees were worked out it was considered that, on the basis of the fee as it is now fixed, if the dentist were engaged in Panel practice for the whole of his time, which of course very few are, that after he had paid his expenses—which we considered should amount to about fifty per cent of his income—there should remain a net income of one thousand pounds per year.

That is, the net income should be five thousand dollars a year, and the purchasing price of that money would be about twice the amount that it would be in the United States. So you see, the income is not bad.

The Panel dentist *does* need to be protected from too low fees for certain kinds of work. If he examines a patient, fills in a form, has a lot of correspondence, and then either thinks he will not accept the patient, or the patient decides not to return, he only gets half a crown for it. That is about fifty cents for all that trouble—a fee which is too small.

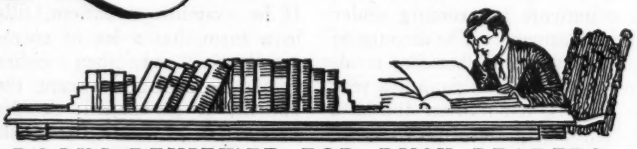
If the Panel dentist does a root treatment, and carries through a half-dozen sets of root dressings, he will only, at the end, get a sum of less than two dollars for all that work.

There are points in which the fees are too low, because the laymen, who had so large a hand in fixing them, do not appreciate the technical difficulty of a root filling; they do not see the importance of an examination.

Therefore, if you want to avoid the pitfalls into which many of our men have fallen, organize, look into this thing, before your troubles are on you in five years or whenever they may come. [Applause].

If you receive an A. D. A. questionnaire fill it out carefully and return it promptly. Do your part to protect Dentistry's welfare.

Oral Hygiene's LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

Dental Histology and Embryology*

By B. ORBAN, M.D.

The most interesting Dental Histology that I have ever read is the new one by Dr. Orban, Professor of Dental Histology and Pathology at the Chicago College of Dental Surgery, Dental Department of Loyola University.

Dr. Orban has made a very detailed study of tooth development in the embryo to the shedding of the temporary teeth. The book is profusely illustrated. —*R.P.M.*

Dentisterie Operatoire†

By DR. POL NESPOULOUS

Under the direction Dr. Chompret, the firm of Masson & Cie. are undertaking the publication of a series of dental textbooks under the collective title of *La Pratique Stomatologique*. Volume IV, Dr. Nespoulous' "Operative Dentistry." has been the first to appear and if it is a representative sample of what the entire series will be like, then the French-speaking dentists of the world may look forward to a genuinely and instructively practical treatise on dentistry.

It is hard to say—until the other volumes of the collection have been published — whether or not the chapters of anatomical and physiological information have been treated somewhat niggardly. Nor is it possible at this moment to state whether or not the chapter on oral hygiene is as up-to-date as it might be. The forthcoming other seven volumes may bring these chapters up to the point.

The fact remains, however, that Dr. Nespoulous—who, by the way, received his D. D. S. degree in Chicago—has presented his subject in a clear, precise and concise manner, and in a way to make the book equally useful to student, pratitioner and writer on dental matters.

We recommend Dr. Nespoulous' book to the French-speaking dentist as an eminently practical text.—*C.W.B.*

*P. Blankiston's Sons & Co., Philadelphia.

†Masson & Cie., 120 Bd St. Germain, Paris, price 80 francs.

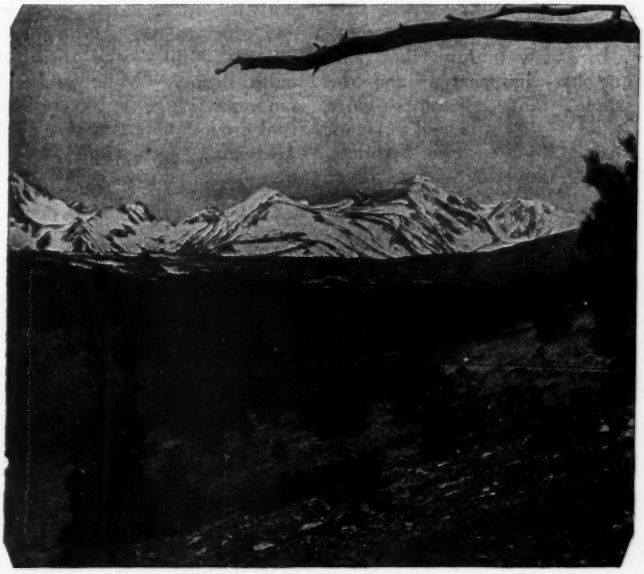
DENVER'S SUNRISE

By Kent Kane Cross, D.D.S.
Denver, Colorado

WE all have heard of "Sunset on the Border;" many of us have seen inspiring sunsets—in the mountains, on the plains, and on the briny deep.

I have seen the sunrise from Pike's Peak, overlooking the vastness of the plains and the streets of Colorado Springs, like so many rows of corn below, as I looked to the East.

But, from where I now sit, one overlooks most of the city of Denver, and the two hundred miles of mountains, from



Colorado Mountains

Pike's Peak on the South to Long's and beyond to Wyoming on the North.

From this gentle slope toward the West, the sun tips the tops of the snowy range to the West before it is itself visible in the East.

First, the light of early dawn, next the outline of the whole range, then on Mt. Evans (which, incidentally, has the highest automobile road in the world)—and then on the rest of the snowy range, part of which constitutes the Continental Divide—all this crest of the world is lighted with a faint pink tint, or is it a tinge, or a glint? Whatever you may choose to call it, it is the most delicate coloring I have ever seen.

In a few minutes this faint hue has disappeared, and the whole range becomes pure white. Pike's, Devil's Head, Bison, Rosalie, The Epaulets, Evans, Goliath, Squaw, Silver Plume, Centennial Cone, the Arapahoes, Gray's (under which the six-mile Moffat Tunnel passes) Audobon, and Long's (the east face of which has been scaled only a few times), all of these landmarks on the horizon seem to be giant snow-men giving an early morning greeting. The foothills take on beautiful tones of light and shade, and they and the Red Rocks Park seem almost within reach, although fifteen miles intervene.

The windows of mountain resorts, such as that of Buffalo Bill's grave on Lookout Mountain, seem all ablaze. Then all of the eastern windows of the south and west Denver dance with joy in the dawn of a new and glorious day. One involuntarily smiles and breathes more deeply. Who said "A mountain range is a very large cook-stove?" It is a section of Heaven as seen from Denver at sunrise.

The American Board of Orthodontia

A meeting of The American Board of Orthodontia will be held in Denver following The American Dental Association meeting in July.

Those orthodontists who desire to qualify for a certificate from the Board as outlined in the article entitled, "The American Board of Orthodontia," page 50, January issue of *The International Journal of Orthodontia, Oral Surgery and Radiography,* may receive full information and application form from the Secretary of the Board.

ALBERT H. KETCHAM, D.D.S., *President,*
1232 Republic Bldg., Denver, Colorado.

OREN A. OLIVER, D.D.S., *Secretary,*
1101 Medical Arts Bldg., Nashville, Tennessee.

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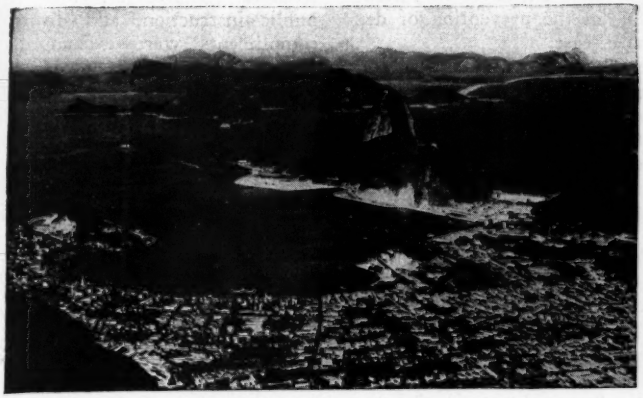
International Oral Hygiene



Rio de Janeiro harbor, Brazil

Translated and Briefed by Charles W. Barton

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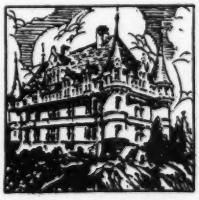
Canada



At the last meeting of the Canadian Dental Association, Dr. D. P. Mowry, as chairman of the Extramural Lectures Committee, presented an excellent report on its activities and its aims. "It is no doubt true," said Dr. Mowry, "that the profession of dentistry in Canada is as advanced as anywhere in the world, and also that its standard is probably no worse, nor better, than the other professions; that is, it is about one-third efficient.

"The public judgment of dentistry is based almost entirely upon their individual and collective experience in the dental operating room. Hundreds of dentists are today treating patients according to knowledge, and by methods, long since discarded by the later findings of science. The object of the Canadian Dental Association in establishing a committee of Extramural Lectures is to make it possible for dentists throughout Canada to keep in touch with

the newer findings of research; to learn the better mechanical methods of restoring lost tissue; and above all, to receive instruction in the prevention of dental disease."

The prospectus of this plan opens with a praiseworthy summation of the modern orientation of dentistry. "Wherever mankind has lived a hardy life in the open, with a diet of natural foods, the teeth have been free from disease. Indoor life, purified, unnatural and adulterated foods have had a most destructive effect on the teeth. The teeth are a part of the economy of the body," and so forth. Dr. Mowry said that "he had faith enough to believe that out of a group of 4,000 professional men it should be possible to raise at least $4,000 for a project that will increase their earning power, improve the status of their profession, and greatly lessen and prevent human suffering.

Oral Health, No. 2, 1930.

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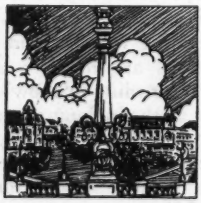
Brazil



On the occasion of reporting on last year's work of the school dental clinics of São Paulo the school dentists, with Dr. Edelvina Godoy as the spokeswoman, waited on Dr. Amadeu Mendes, general director of public instruction, and divers compliments were exchanged, some of which were tendered also to Dr. Campos de Oliveira, the dental inspector, to whose initiative and enthusiasm is due in large measure the success of school clinics. The city of São Paulo actually operates 26 school dental clinics.

A Odontologia Moderna.

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Great Britain

The *Nursing Times* for December 28th, 1929, contains the following: The demand has arisen in one or two parts of the country for the services of dental hygienists, and the Minister of Health has now approved the details of a course of training. Such a course can be taken at the National Dental Hospital, under the auspices of University College Hospital, and is open to students who have passed the matriculation or any other examination of equivalent s t a n d i n g. The trained dental hygienist is, according to the Dentists'Act, sub-

ject to the prohibition of the practice of dentistry by unregistered persons, except that, as the Act states, he or she will not be prevented from "the performance in any public dental service of minor dental work . . . under the personal supervision of a registered dentist and in accordance with conditions approved by the Minister of Health after consultation with the Dental Board."

Such minor dental work would consist of cleaning and polishing, applying and removing dressings, or temporary fillings, charting and recording. The course takes six months, from January to July, and the fee is fifty guineas, payable in advance. The curriculum is very comprehensive, including elementary mechanics, radiology, child hygiene and elementary medicine. At the end of the course the trained dental hygienist is equipped to render two distinct types of service: the giving of prophylactic treatment and the teaching of hygiene of the mouth. Readers who wish to know more of this course should apply to the Secretary, University College Hospital Medical School (Dental Department) University Street, London, W. C. 1.

The Dental Record,
February, 1930.

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The law regarding a parent's responsibility for necessary attention to dental disease in his child has received a certain amount of interpretation in the cases of prosecution of parents, which have come before the courts in this country. The Brentford justices had recently before them two cases of residents who were charged, in a prosecution brought by the Twickenham Town Council, with "not obeying the regulations regarding their children at the Twickenham dental clinic."

As far as one can judge from the lengthy though incomplete report in a local newspaper, in neither of the cases, as reported, did the evidence show that there had been gross neglect nor any marked amount of dental disease. In one case the parents had taken the child to a private dentist, who gave evidence in court to the effect that he had put the boy's mouth in order. In the other case the father said that his wife had taken the child to the Waterloo Dental Hospital, where one defective tooth was treated, and where on a subsequent visit the dentist said that the child's teeth were all right, and he would see the child again in three months' time. In reply to the chairman's question why they did not let the school dentist see the child, the mother said that when under one dentist she thought another ought not to see her.

The Bench in each case ordered an adjournment for one month, the chairman advising that the parents must satisfy the school authorities that all necessary has been done, and that

there would then be no need to bring their dentist into the court. Later on, when the cases came up for judgment, the court found that the parents had not fulfilled the requirements, and in each case a fine of twenty shillings was imposed.

Ibid., No. 3, 1930.

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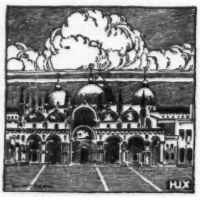
Italy



Three very interesting reports were made before the XVII. Italian Stomatological Congress in Rome, last October, regarding the means by which the city of Trieste is fighting dental disease. Prof. Dr. Giulio Grandi, chief dental surgeon of the Hospital "Regina Elena," reported on the dental service made possible by the health insurance funds and benevolent societies, while Dr. Ramiro Cozzi related the work done in the clinic of the Trieste workmen's insurance fund.

In the year 1928 this institution recorded 11,050 extractions, 2,991 fillings and 780 fillings after treatments, together with a large number of prosthetic pieces of every description. Very enlightening also was the report by Dr Luisa Chiuminatto on the work done in the school dental clinics of Trieste; there were 3,996 patients who required 7,418 treatments, among which were 3,069 extractions of deciduous and 314 of permanent teeth, 2,415 permanent and 991 temporary fillings, and 668 treatments.

The enthusiasm for oral hygiene and public dental service in the city of Trieste is due chiefly to the untiring efforts and the unselfish services of Professor Grandi.

La Stomatologia, No. 2, 1930.

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Did you know that Chic Sale's father is a dentist, who has completed a half-century of practice? ORAL HYGIENE *has just interviewed Dr. Sale and the interesting story will appear in an early issue.*

"Dear Oral Hygiene—"

"I do not agree wtih anything you say, but I will fight to the death for your right to say it."—*Voltaire*

From Guatemala

As I want to start a Dental Health Education in the schools of this Republic, I would like to know if you could put me in correspondence with those who could help me, in order to formulate the best plan to bring it about.

I would like to know about the methods you follow in North America, and all the different things I will need in order to bring it about, charts or posters, motion picture films dealing with the subject of oral hygiene for children, etc., etc. Any information that you can give me on this subject will be greatly appreciated and you will be doing lots of good as this part of Dental Education is practically ignored in this country and it will be of great benefit to the children of Guatemala.— FERNANDO SARTL, D.D.S., *Guatemala, C. A.*

Dr. Hambly's Book

I enjoy reading ORAL HYGIENE very much, and in the April number, page 779, I notice a reference to a book by Dr. Hambly, called "The Practice Builder."

I have been trying for some time to get a copy of this book and cannot seem to locate one. Have you more than one copy, or do you know where I could get one? Will you kindly look and see who published it? If you will let me know the publisher's name, I may be able to get one from them.—C. H. BURTON, M.D., *Mount Clemens, Mich.*

—

I am the author of "The Business Conduct of an Ethical Practice," recently published by the Dental Items of Interest Publishing Company, and I was therefore especially interested in pages 778 and 779 of April ORAL HYGIENE.

Can you advise me where I might procure a copy of Dr. Hambly's book, also its cost?— S. J. BREGSTEIN, D.D.S., *Brooklyn, N. Y.*

—

I was interested in your "samples" of "The Practice Builder," by Charles R. Hambly, D.D.S. Would you kindly inform me where I could get a

copy of his "work?"—B. F. EPPES, D.D.S., *Richmond, Va.*

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[Editorial Note:

Dr. Hambly's book, "The Practice Builder," has been in the ORAL HYGIENE family for such a long time that no one around here knows its actual source.

It was published thirty-three years ago—1897—by the American Dental Publishing Company of Cincinnati and New York. No street address is given in the book and we are quite sure that this company is not now in existence. A letter addressed to them might, however, reach someone who could give you more definite information.

The book was printed by the Trow Directory, Printing and Bookbinding Company, New York. This company may possibly still be in existence and it might be a good idea for you to write to them in the hope that they might know where to find some extra copies of this book.

We wish that we could give you more definite information concerning this book and hope that each of you will be able to locate a copy of it].

The O'Dontist Family

In the editorial comment of March ORAL HYGIENE under heading, "Occlusodontist," you omitted one member of the O'Dontist family, namely, the Radiodontist. I do not know but my guess would be that we had men limiting their practice to Radiodontia before the Pedodontist appeared.

I am not sure who was the first to do radiodontia exclusively, but Dr. Clarence O. Simpson of St. Louis, who has limited his practice to that subject for twelve or thirteen years, dedicated his book, "Radiodontia," to Dr. C. Edmund Kells, the first radiodontist. Other Radiodontists whom I know are Dr. Howard Raper of Albuquerque, New Mexico, and Dr. Samuel L. Getzoff of New York City.

Dr. Raper has for some time edited a section of Radiodontia for *The American Dental Surgeon.* In the March, 1930, issue of this journal in the Radiodontia section is an article, "The Evolution of Radiodontia," by Dr. Simpson, which is well worth any dentist's time to read and digest regardless of the nature of his practice.

You asked for other members of the O'Dontist family and as I limit my practice to Exodontia and Radiodontia I thought I would like to have the other half of my specialty included.

I have been reading ORAL HYGIENE ever since I graduated in 1915 and enjoy it very much.—J. H. SHAW, D.D.S., *St. Petersburg, Fla.*

The O'Dontists Again

You ask for more kinds of O'Dontists in name, if there be any. Well we have, of course,

the "Laffodontist" and I will add a couple of new ones—Anesthodontist and Diagnosodontist, the latter, by the way, would be a most important addition to the profession.—H. C. SPENCER, D.D.S., *Newton, Mass.*

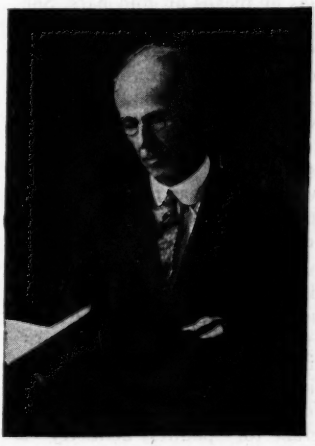
Robots?

I am in nowise offended, but really amused, at the article in April ORAL HYGIENE* by an one who was ashamed to sign his name, and well may he be, for such hot-air and erratic egotism has not appeared in print before. I fortunately am one of those degenerated monstrosities he is in so much sympathy with, and seems to pity. I am worse than that, I never went to a dental college; therefore I hold no other recommendation than my acquired efficiency through downright honest (?) experience and practice—which, after all has been said and done, is the best diploma possible.

Fortunately I had an older brother who made chestnut shingles and accumulated a sufficient amount of cash to purchase one of those "old-time outfits" so irreverently spoken of by your scribe. He "itinerated" over two states for five years; succeeded in accumulating a surplus sufficient to pay his expenses through Baltimore University in 1883.

It was the ruling of that college, then, that anyone with five years' practice in dentistry could matriculate for graduation in one term upon the condition that he pass the required examination, which my brother did; he had to pass.

We were only country boys, brought up on rented farms, therefore we had no means to acquire a "higher" education. If the same conditions had existed then as today, we could never have extracted a tooth; and because of existing conditions today, some of the best talents of human brain are destined to join the unknown immortals so beautifully poetized in "The Country Church-Yard."



Dr. J. A. Denton as he looks today at 67.

More than this, from my observation and experience the general public is suffering worse today for lack of efficient knowledge and honest (?) service than it did fifty years ago.

*"Suppose There Were Itinerant Dentists—Nowadays" April, 1930, ORAL HYGIENE, page 740.

The "itinerant" dentists then were a hundred per cent honest in all their dealings with the people, a virtue which does not stand so high today.

Only a few months ago a patient of a very well-to-do family had to have five teeth extracted. The x-ray bill, the assistant's bill, the gas bill, the physician's bill, and the "up-to-date-dentist's" bill amounted to— *only* $75.00, and that patient was abed for one week from nervous shock.

Another case of a poor young lady who employed a dentist to insert one lateral and two bicuspids by means of gold bars. She made no agreement with that "up-to-date-dentist," and the consequences were, she had to pay him—*only* $94.00. These two cases will suffice, to which I certify; and I do not offer any apology nor mince my words when I say that those two "up-to-date-dentists" stole $50 each from those two patients.

Long before I retired, I had the nauseating privilege of seeing fillings inserted by the modern dentists without, comparatively, any preparation of cavities, building up their reputation for "painless dentistry." The craze for "painless dentistry" is not obsolete today, but grows more practicable with the *robot practitioners.*

Today the greater per cent of practitioners are machine-operated, merely intermediaries between their patients and the robot laboratories. True, yes too true, they have perfectly wonderful equipment and artistic settings, but I am here to tell you that they have no better instruments and materials. The old ———— Company were perfection in building instruments and preparing materials which the "itinerants" used with a degree of pleasure and efficiency that no "modern" robot has the pleasure of experiencing.

Yes, "back in those good old days" the "itinerant" put forth his best skill and knowledge in producing the best results possible, and because of his honest efforts and efficient knowledge there are people living today who bear record of what I say by showing you gold fillings inserted forty years ago. I have many of them in my city, and can prove what I say.

Who of you moderns can take gold foil and build a corner—I should have said, contour—on a central or lateral incisor that will stay—well, until you get your fee? Who of you ever spend an hour or two inserting an amalgam or cement filling?

Have you learned that a cavity is only half prepared when you have finished it with a bur? All cavities should be *polished* before inserting any kind of filling or inlay; do you do it?

No, you don't, because you are a robot practitioner. Back in the beyant the degenerate "itinerant" could ask a few necessary questions and then diagnose his patient's oral cavity

more accurately than it can be done today with machines.

He could peck on a tooth and tell from sound whether there was an abscess at the apex or not. Such efficiency is what I call knowledge. Who of you robots can perform such miracles? And yet you have the pert audacity to say, "the itinerant dentist of the good old days has passed out and the world has not missed him."

Many of them have passed out of the profession, but, my dear brother, they are not in their graves; they still live to tell you that for efficiency, for honest dealing, and for the general good of the people, they are sadly missed.

Never were teeth, materials, and instruments sold from drugstores and barber shops. No better amalgam has been produced than that made from the formula of Dr. Harris, demonstrator and professor of general practice of dentistry in the old Baltimore University. Gold cannot be made better. No teeth will ever come within a mile of being as good as those produced by the old ———— Company with platinum pins.

No crowns ever look better than a "Logan crown" with its large platinum pin. True, a porcelain crown looks all right, but how about its durability? An inlay looks fine, but how about its lasting qualities? Nine cases out of ten, ten years is the life of the best of them; and then they have to straddle the tooth or they would be in oblivion in one year.

Man, brother, don't you get the big-head any more until all those old devils you paint up in lurid colors have been buried, or else you will get what is coming to you. I'm not mad, come to see me, and I will entertain you royally, and give you a clinic in dentistry you will never forget, but wish you could equal—thank you.—J. A. DENTON, *Johnson City, Tenn.*

From Manila

Kindly send me a copy of the Annual Index to the 1929 edition of ORAL HYGIENE.

I further thank ORAL HYGIENE for the whole year issues of 1929 and for the other years' issues to come.

I am a regular reader of ORAL HYGIENE and I have the copies bound in book form each year with the annual index, of course, for reference.

I thank you most kindly for all the favors you are doing for me.—R. A. BALAGTAS, D.D.S.

Breeding Contempt

I have always thought that dentists were their own worst enemies. Nowadays we hear a lot about dental economics and about the poor incomes of most of us dentists, especially in comparison with the incomes which other professional men obtain from their efforts.

We cannot expect the public to regard us highly, and consequently pay us highly, unless

we regard ourselves and our services highly.

I have a case in point. A certain friend of mine appeared in my office complaining of bad health, and with instructions from his doctor to get rid of certain of his bad teeth. He had full-mouth x-rays. After study of the case, I recommended the extraction of three of his anterior teeth and the insertion of a bridge. This seemed satisfactory, but he had another friend who was a dentist, and I, knowing this, suggested that if he wanted to, he could go to this dentist and get his opinion.

This he did, and I regret to relate (although it has nothing to do with my story) that the other dentist underbid me on the work and got the contract. I was not so perturbed over losing the work, as I lose lots of it by demanding what I think is a just fee for my services, and do not try to be cheap, but I was perturbed by the way the other dentist handled the case. He told the patient that he would extract his teeth for nothing—I had wanted $5—"because it didn't amount to much."

I think *any* extraction may amount to a good deal. I think it is a service which the patient should be made to realize *is* an important service, and one worthy of a fee in itself. Does it not cheapen dentistry in the mind of that patient of mine(?), does it not make it harder for any other dentist to get a just fee for that class of work? I think it does.

How does that dentist expect to help his profession when he belittles it in that way? * * * We would never have the progress we have had if all the good dentists "threw in" their extractions. Who ever heard of a surgeon who "threw in" a tonsillectomy along with an abdominal operation, and at the same free, and who said "it didn't amount to much"?

Does the nose and throat specialist, who looks at your throat, and sprays it out, say it doesn't amount to anything and give you the service? He does not. He tells the public *consistently* that he is giving valuable service and expects a good fee. The public is consequently educated to that high ideal and makes no complaint for a three-dollar or five-dollar office call.

I suggest dwelling on this point at frequent intervals, editorially and otherwise, in your good little magazine. I think it is an important point and one that has a very great deal to do with the poor fees most dentists work for. A contempt on the part of the *dentist* for any part of his services leads to a contempt on the part of the *patient* for *any and all* of the dentist's services.

Let's keep our ideals high, and help make dentistry a real profession, one that is respected and one that is adequately paid. —E. K. Arnold, D.D.S., *Kansas City, Mo.*

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Removing Black Stain

Q.—I have several patients who come in to have their teeth cleaned about every three months. There is a dark or blackish stain that forms on the teeth in a very few weeks after prophylaxis. Could you tell me the cause or remedy?—H.O.H.

A.—The condition of which you speak is sometimes due to an imbalance of diet, sometimes to drugs, sometimes to tobacco, in some cases the dentifrice which is used, in other cases the non-use of a dentifrice and in still others the way the teeth are brushed.

The following formula has proven efficacious in my hands in overcoming the difficulty which you experience. Use this powder on a dry brush and work the bristles of the brush carefully to the gingival border of each tooth:

Prec. Chalk	4 oz.
Beta Napthol	10 gr.
Oil Gaultheria	10 gtt.

M. et Sig. Use as tooth powder.

—G. R. WARNER

Narcotic Permits

Q.—Will you kindly advise me by personal letter, whether or not a dentist has a right to administer narcotics in his practice under the Harrison narcotic law, and if there is any limit to the amount used legitimately in a month or year. To patients with heart or artery trouble, I always give ¼ gr. morphine before I extract teeth, to stimulate the heart and lessen the shock. I often give patients ¼ gr. for severe after-pain from dry socket, also befor giving a general anesthetic, ¼ gr., the same as in a hospital. The question arises in my mind: has a dentist this right the same as a physician, or will he get into trouble with these smart nar-

cotic agents that come around and like to show their authority? I have had many cases where I know the patient would have passed out had I not given morphine. I am writing to you for legal advice on this matter. I would also like to know if we should keep the name and address and a record of all patients on which we use narcotics?—H.E.T.

A.—To purchase narcotics legally or administer them in any form one should have a federal narcotic license. Dentists are entitled to a federal narcotic license and therefore may use or administer these narcotics in the practice of their profession.

All purchases of narcotics are recorded in the drug store with the amount and purchaser's name and date when purchased.

The physician or dentist who prescribes narcotics for home use should keep a record of such prescriptions for his own protection. Of course these prescriptions go through the drug store and are recorded there.

It is also wise for a physician or dentist to keep a record of hypodermic administration of narcotics. There can be no fault found with him by the Federal authorities if they are being used for the conditions of which you speak.

—G. R. WARNER

Gingivitis

Q.—A matter that has perplexed me for a long time:

Some of these cases that I call gingivitis. Where the general tone of the gum seems to be good but where the tip, I might say, of the gum septum is inflamed and resists all healing agents I know of.

I have scaled to see that there is no calculus beneath the gum, have given various kinds of mouth washes, with instructions to use them in full strength and for several minutes, several times daily. Have recommended massage, thorough brushing, and have applied pyorrhea astringent several times each week after drying the gums well before hand.

If there is a mouth wash that is the cure in these cases I have not found it, and still there must be some way to restore those gums to healthy condition. The case I am working on at present is one that a contemporary treated for Vincent's Angina and I am sure destroyed that, but either the gums were like this before or it is a result of the disease having been there. I am inclined to think it is not related to the angina.

The condition only exists around the lower anteriors and is most prominent mesially to the cuspids. There is no appreciable swelling, but the appearance is inflamed, and firm pressure with the finger on the apex or over the apex of the septum causes some hemorrhage. Of course I have heard that in some cases there is something wrong systematically but this young lady would think I was

daffy, I believe, if I suggested that.

I have a second case, of a much younger girl, about fifteen years old, where there is quite a great hemorrhage in most of the gums, and particularly bad over the labial of lower anteriors. Have scaled them carefully and while there is little scale and, as near as I can discern, no pus, the tissues are quite badly inflamed. The gum is loosened from the teeth and the whole septum can be tilted out from between the teeth and will remain there unless pushed back in place.

I will be thankful for any information you can give me as to the best way to handle these cases.—E.F.H.

A.—The cases of gingivitis of which you speak are contrary and discouraging but I believe are amenable to treatment.

It is my plan to scale again and again, and polish the subgingival areas of the teeth until there is *no* telltale inflamed area of the gingiva where it lies against the tooth. I instruct the patient in the Charters method of toothbrushing and check up on the effectiveness of the brushing at a subsequent visit by using disclosing stain. The patient is advised to use any of the well-established dentifrices and warm salt water as a mouth wash. The great majority of the cases will clear up entirely under this treatment. If a case does not clear up I should suspect some systemic condition, such as diabetes or an acidosis and should refer the patient to a physician for a general examination.

Your second case might be due to a kidney condition, faulty diet, anemia, lack of home care, acidosis, negative calcium balance or any combination of these conditions. I would put this second case under the same course of treatment at office and home as the first case, but I would be particularly suspicious in this case of the condition of the blood.—G. R. WARNER

Temperomandibular Arthritis

Q.—I am a dental hygienist in the schools of this city and I have developed a rather queer condition and I thought that possibly you might be able to locate the trouble.

Quite suddenly last September I discovered I could not open my mouth wide and it hurt to masticate on the left side. I have sharp shooting pains extending down left side of face through arm and sometimes down to the finger tips—also severe earache at times. Pain keeps me awake at night.

I have been to three physicians and one dentist and have had two sets of x-ray pictures taken of the teeth, yet they do not show anything, that is, no diseased condition.

The last physician advised an x-ray of the skull which I am planning to have soon. In the

meantime I continue to suffer. My teeth seem to be in good, healthy condition, gums good and healthy—two devitalized teeth in mouth but they appear to be O. K. There is no sign of a toothache. It pains almost constantly and certainly has become chronic. What do you think is causing this and what is your advice?—C.

A.—The condition of which you complain is apparently an infection of the tissues surrounding the temporomandibular joint. This condition could be caused by impacted third molars, infected teeth, infected sinuses or infected tonsils. One of the worst cases of temporomandibular arthritis I ever saw was caused by infected tonsils.

You shouldn't place too much confidence in the pulpless teeth which you have. We have proven by culturing the roots of teeth, which looked perfectly all right in the radiogram, that such teeth may be infected.

—G. R. WARNER

Alkaline Saliva

Q.—I have a patient whose saliva is extremely alkaline by the litmus test. His teeth are of a soft nature and seem to decay very readily. The saliva seems to be stringy. Is there such a thing as the saliva being too alkaline? If so, what would you suggest?—C.O.B.

A.—There are so many things to be considered in relation to the hyper-alkalinity of the saliva that it would be impossible to answer your question fully in this department.

Thick, viscid, stringy saliva is due to error in diet, deficiency in ingestion of water, reflexes through the sympathetic nervous system, disorders of the ductless glands and many diseases.

The saliva should be only slightly alkaline, so if it is strongly alkaline it may be due to some of the above conditions. It would be wise, therefore, to ask for a complete physical examination of your patient which should include blood chemistry and analyses of the urine and saliva.—G. R. WARNER

The Wrong Idea

Q.—Here is a question for you. Six months ago I opened this office, which is modern throughout and on the ground floor, in a town of some 3,500 population, aside from the college located here. I came here for the college for my children after having practiced in another part of the State, some hundred miles from here, for about twenty years.

When opening here I conceived the idea that it would be a good move on my part to employ a young lady as my assistant here in the office. Not so much that I would need any help in particular with my practice the first year, but I thought that in addition to keeping things cleaner than I would myself, she would draw in enough of her friends that oth-

erwise would not come in, so that in the end she would have cost me nothing. That is not a very smooth way of saying it but you know what I mean. Was I right or wrong in that idea?

My experience to date in this office has not been such as would justify the conclusion that I did have the right idea. Very much to the contrary. In the five months she has been in here only three patients have come in as a result of her being here. One was an eight-dollar case, another three dollars and the other was only one dollar. Was my theory as a general proposition wrong or do I just have the wrong girl?

In my former location I was averaging five thousand per year or a little better. My first six months here I turned out a little less than twelve hundred dollars. Would you call that a fairly good start in a strange place and that it was a very good indication?

I would also like to ask what per cent of the gross business, or net business, the assistant's salary should equal in a small practice like ours where we only employ one assistant?

I might add that I only have the young lady here for the forenoons and only pay her a very small wage. I am ashamed to tell you exactly what I do pay her. I have offered her a percentage on all the work done for patients she is instrumental in bringing in. She seems unable to get work anywhere else and is willing to stay on with the hope I will soon be making enough that I can afford to pay her more. She is 23 years old, a high school graduate. She has an excellent character and reputation so far as I know and comes from a very good family. She is clean in person and in her work and is very quiet around the office.

I have hesitated in regard to dismissing her for fear I might be wrong in my theory, and that in getting another girl I would be no better off and in all probability have to pay out more money, a thing which I just really can't afford to do at this time. However we could easily afford to pay two or three times as much to some other girl as I pay this one if she would only average at least one patient per week that I would not otherwise get. That would seem to me a low estimate, owing to the fact that I have only been here such a short time and I should be able to get a girl who had been here all her life so far. —L.P.C.

A.—Dr. Warner and I both think that you are wrong in your idea that you have any right to expect your assistant to "draw" patients to you for dental service.

She can help you to build your practice by keeping your place neat and clean, by greeting patients courteously, by arranging your appointments expeditiously, by assisting you efficiently with your work at the chair and at the laboratory

bench, and by keeping your books accurately. Many dentists have assistants who attend to their collections also.

I believe that you would make a very grave mistake to dismiss this girl for the reason that you have in mind, as it is not likely that any other girl would prove any more effective in drawing patients to your office, for, after all, our patients come to us and stay with us because of the quality of our work, the strength or appeal of our personalities, and the general tone and atmosphere of our offices. I am sure that we have no right to expect our office girl's friends to come to us for dentistry just because she happens to be in our employ, if we do not happen to appeal to them ourselves.

I do not know what percentage of a dentist's income his assistant's salary should be, but I was talking to a dentist in Washington during the A. D. A. Meeting on this subject, and he told me that he pays his assistant $35.00 per week plus a percentage (5 or 10 per cent, I think) of the increase in the net from his practice since he took the Bosworth Course three years ago. He says that this year her percentage or bonus will be better than $500. She is practically his office business manager, as well as all-around assistant. She attends to investigating credits, collecting, buying supplies, and innumerable other things.

You might try paying this girl you have a percentage of the future growth of your practice, for her services are just as valuable to you in helping you to please and keep the patients who come to your office, as you think they should be in "drawing" new patients.

—V. C. SMEDLEY

Some Prosthetic Hints

Q.—I have a case, about 60 years of age, female, fairly stout, who has worn dentures about four years. A couple of years ago gums were receding so plates were relined. Gums have continued to recede and they are becoming quite soft. New dentures constructed four months ago—upper O. K. but lower is constantly irritating. Seems as though there is very little or no underlying bone in the ridge, and the ridge proper is very flabby. Seems also to be an inward contraction, causing the crest of the ridge to fold inward. Average width of ridge is about one-quarter inch, so patient has very little for a foundation.

Some recommend massage of ridge to straighten it up and make it firm, others advise surgical removal of the part that has curled over. But are either of these processes going to produce a ridge that is worth while?

Or must we conclude that such a patient is destined to experience continued dissatisfac-

tion in the wearing of a lower denture?

Your advice will be much appreciated.

May I ask another in the same letter?

Patient has worn full upper and lower bar, lower replacing the molars and one bicuspid on either side, for a year and a half. Teeth out five months before denture fitted. In six months upper is relined because of resorption. Now in six more months upper has again become loose due to resorption. No appreciable resorption in lower molar region.

Is there such a thing as resorption due to trauma when wearing a full denture? If so, how can one detect it, or correct it? Set-up seems same as for many other cases, and denture is very efficient until it becomes loose.—R.H.R.

A.—I suggest x-rays of this edentulous jaw to disclose if crest of bony ridge is sharp and serrated or if the granulomas or necrotic areas are present. If any of the above, would advise operating to correct condition.

I do not believe massage of such a ridge would do much good. Surgical preparation is in all probability indicated, but you certainly cannot promise this patient an ideal mouth, or that she will ever have the highest degree of satisfaction in the wearing of a lower denture.

The best you can do is to prepare the mouth surgically the best that the conditions will permit, then make a carefully balanced set of dentures using teeth with a narrow bucco-lingual occlusal diameter with the bases extended to cover as large an area for support as the muscle attachments will permit.

Answering your second question: I suggest x-rays and surgical preparation if indicated. In making the denture, I suggest that you set the anterior teeth slightly out of occlusion. There certainly is such a thing as absorption of the anterior portion of the upper ridge from trauma where only the anterior lower natural teeth are present and where the upper anterior teeth on a denture receive either all of the stress of occlusion or too large a share of it.

—V. C. SMEDLEY

Silver Nitrate For Canker Sores

On page 532 and page 533, March issue of ORAL HYGIENE, suggestions for the treatment of canker sores in the mouth are explained.

Ammoniacal silver nitrate, without the formalin, is the best thing in the world for such conditions. It can be applied easily with a few shreds of cotton on a toothpick. The silver is not caustic to sound tissue, but it will cauterize infected tissue.

If you could induce your correspondent to use ammoniacal silver nitrate on the patient who has so much trouble, he will find it, as I have mentioned, the best thing in this

world for such conditions.—P.N.C.

Regulating Diet Literature

Q.—I thank you for your reply to my last letter. It is exactly the information I wanted.

Where can I purchase a book or obtain reprints of the following information on diet—

1. For pregnant women?
2. To prevent erosion?
3. To prevent caries?
4. To prevent peridontoclasia?
5. Tending toward acidity?
6. Tending toward alkalinity?
7. For vitamin and calcium salts and phosphorus compounds?
8. For fractures and necrosis?

I know that a diet cannot prevent erosion, caries, and periodontoclasia, but realize that these conditions can be inhibited by diet.—J.L.L.

A.—Your subjects are so comprehensive that I doubt that reprints are available on each of the subjects named. However the information is available in most standard works on diet. Thoma of Boston has a work entitled "Teeth, Diet and Health," which answers some of your questions. "Chemistry of Food and Nutrition," by Sherman, answers some of the others.

McCann's "Service of Eating" is intensely interesting. McCollum's "Nutrition" is an authoritative work on diet. You can obtain any of these works or any one of many other works on diet through your local book dealer or from the "Defensive Diet League of America," 619 The Spitzer, Toledo, Ohio.

—G. R. WARNER

Will See You In Denver

Q.—Would you kindly advise me where I can get necessary information as to fares and hotel accommodations for the dental convention at Denver? Would like to attend with my wife and two children. Thank you!—H.P.

A.—In reply to your question I have conveyed your request to our hotels and accommodation committee chairman, Dr. I. R. Bertram, Metropolitan Building, Denver, Colorado, and you will no doubt hear from him shortly. I am sure you will not regret your plan of attending this convention with your family, as surely Denver with its adjacent mountain areas provides ideal vacation opportunities for Eastern city folks. We bid you welcome, and I hope I may have the pleasure of meeting you personally while you are here.—V. C. SMEDLEY.

Tempus Fugit

From the second June issue of ORAL HYGIENE, published 18 years ago, in 1912.

"CALL ME NOT NAOMI"

It is surprising when one considers the age and history of the dental profession, how few titles, terms and personalities it has created which it can truly call its own. The three greater lights about the altar of human usefulness have each titles by which they are known; technical terms equal to a vocabulary; and prominent personalities dotting every page of history, whereby they are rightfully recognized the leading callings of society. Reverend (Rev.) suggests a minister of the gospel, not a butcher; Honorable (Hon.) a maker of laws, not a baker; and Doctor (Dr.) your family physician, not a candle-stick maker. Each presents a unit in itself, distinct in its work and not confused with any other line of activity. While they may not possess any higher degree of intelligence or skill, produce greater or grander results by their labor or serve society more faithfully, we all must admit, through some chain of circumstances, they occupy an enviable position not held by dentistry. Their titles have been a factor in producing the success they enjoy.—JOHN PHILIP ERWIN D.D.S., *Perkasie, Pa.*

ORAL SEPSIS, ANTISEPSIS, PROPHYLAXIS

When the ignorance of the people of the past and their lack of knowledge of the proper treatment and prevention of disease is recalled it seems a wonder that so many of the human race have survived. The present is an age of remarkable achievements in all lines of industry, and they have added much to man's comfort, happiness and health; but the most beneficial are the advances made in the art of healing—the scientific treatment of disease, and still better, how to prevent it.—WILLIAM A. MILLS, D.D.S., *Baltimore, Md.*

THE CHILDREN'S BUREAU

The Children's Bureau bill passed the Senate last January, and on April 2 it passed the House of Representatives. It is now a matter completed. The first year's appropriation is $29,400, which, while small, will serve to open up the bureau's activities.

It will be the logical and authoritative receptacle for data regarding mouth conditions of the children. — *Editorial by* GEORGE EDWIN HUNT, M.D., D.D.S.

W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

The Outlook

WHENEVER a thing happens, that is the end of it, it is history and we cannot change history. When we view the future in the light of the past, that is outlook; when we view the future in the light of the past plus our own opinion, that is prophecy. In modern times prophecy has not amounted to much. For the recent graduate there seems to be little outlook, less prophecy, but a large portion of HOPE. Without Hope, no life is worth living, no business can thrive. Whenever the outlook is so bad that you lose hope, close your office and save the rent.

Fortunately for this year's class, one of the most serious crises that has ever struck the financial structure of the United States has done its worst and passed into history. The young men of 1930 will be able to get themselves established before the stock gamblers can stage another sucker panic. The miracle of that "debacle" was the number of people who lost so heavily that they could not pay their dental bills and yet had not one cent invested in "The Market"; remarkable wasn't it?

My symathies are with the Nineteen twenty-nine Class; I also started practice in a panic year. In those days the food folks talked calories instead of vitamines. I lost faith in calories because I was able to live so long without eating any of them.

Editorial Comment

If our guesses are approximately correct, there should be at least seven years of plenty. Possibly by the end of the seven years we may have men in power who will know how to give a prophylactic treatment to a panic before it gets a good start.

Somebody says that business is looking up because it is flat on its back and the only way it can see is up; well anyway that is better than to be lying flat on its stomach and looking down. The "Uplook" and the Outlook are good, Nineteen-thirty, may you have health and prosper.

Wireless Invented by a Dentist

ONE of the most enjoyable of the publications that come to my desk is the *Physician's Times Magazine,* published by McKesson & Robbins.

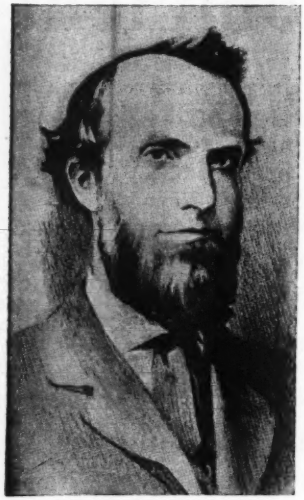
This little journal publishes only non-clinical information of intimate interest to physicians and dentists.

The story of Dr. Loomis, a dentist, appeared in the March issue. In 1866 Dr. Mahlon Loomis successfully sent and received wireless messages. Dr. Loomis actually patented his invention and Congress appropriated $50,000.00 for the development of the idea. Like many Congressional appropriations, the beneficiary failed to live long enough to get the money.

If any reader of ORAL HYGIENE has any definite history on Dr. Mahlon Loomis, who seems to have lived in Virginia in 1866, this magazine will welcome the information.

Dentistry should seek out her able and far-sighted members and pass their achievements down into history.

If you have a good story of this kind send it in:



—Courtesy, Berea Printing Co.

Mahlon Loomis, D.D.S., who sent messages by wireless three decades before Marconi.

Dr. Mahlon Loomis, well known among the dental profession of his day as the inventor of mineral plate teeth, was the first to send wireless messages over appreciable distances. In 1866, in the presence of eminent scientists, Dr. Loomis sent messages between two stations on mountain tops in Virginia, eighteen miles apart, and on Chesapeake Bay between ships two miles apart.

By his method Dr. Loomis hoped to communicate with Europe and other continents. Without funds, he appealed to Congress for $50,000 to make practical commercial application of his patented invention. Congress passed the bill but never appropriated the money. For many years, until his death in 1886, Dr. Loomis struggled unsuccessfully to procure the necessary funds. His patents show his principles to be scientifically correct—like those Marconi later put into commercial use.

Thus Dr. Loomis never lived to see the day when his discovery would result in the saving of many lives at sea, in the transferring of patients from one vessel to another where a surgeon might perform an emergency operation, or in the waiting of an ambulance at the pier in response to a wireless from some incoming liner.

The Children

HERE is a new attitude upon the subject of children's dentistry. It is well to consider all sides of any question. There is no doubt that those who can afford it should pay for their dental services.

The great number who would be totally neglected, if left to the family budget, are the ones who are properly benefited by the school clinic. I must admit, however, that it is aggravating to see the clinics used to help out the installments on Pa's car and on Ma's radio.

This appeared in the Lincoln, Neb., *Journal*:

> Dentistry has no place in the public schools, declared Dr. M. Evangeline Jordon of Los Angeles, in an address before the Lincoln Chapter of the American Interprofessional Institute on the occasion of a ladies' night dinner at the Lincoln.
>
> "I don't think dentistry should ever be provided by the schools," she said. "Children's dentistry in schools is not done by experts, but by those who are struggling to get enough money to open offices of their own. I believe that school taxes should go to secure education and not care of the children's teeth. It is hardly fair for the taxpayer to support free clinical service that is used in a great number of cases by those who have no need of charity. I believe in paying school taxes for education and paying the family dentist for care of the children's teeth."
>
> Dr. Jordon, one of the most prominent women specialists in children's dentistry, said that the so-called "temporary" teeth are very important in relation to the health in later life and that their proper development should be insured by regular inspection and treatment.
>
> "Diet is a most important factor in the building of sound teeth," she said, "and a proper diet includes plenty of milk, fruit and whole wheat. Children can get enough sugar from such fruit as raisins and oranges and need no free sugar. And, of course, soft foods are a cause of tooth decay. Leafy vegetables of high vitamin content should be an important part of the diet."

Dental Allies

THE repeal of the "Master Dental Technicians" law in New York places the dental profession and the laboratory men back as they were, with the exception of a few hard feelings.

All of these various and sundry laws for the "protection of the public" seem to pan out in the same way that "protection of infant industries" works; that is, the only one who does not profit is the public.

America has gone law crazy, everyone seems to think that a new law or a new examining board will increase dignity and at the same time increase income.

The ability of and necessity for the dental mechanic is well recognized by dentistry. There is not now and should never be any real cause for disagreement between the two; rather they should get together and work out their problems in mutual interest. I would suggest the mapping of a satisfactory course of study and practical instruction for the ebryo dental mechanic that would fit him for a real position either in a public or a private laboratory.

This course should be given by the recognized dental schools much as the courses for dental hygienists are now given, of course there should be a valid graduation certificate for each student who completes the course satisfactorily.

The state board examination is not necessary because dentistry and mechanical dentistry are now so well organized that the non-graduate can absolutely be kept out if the two organizations work together.

The dental mechanic is placed in rather an awkward position by the demands made upon him for the most up-to-date work by the dentist without the opportunity to get first-hand information. By having a prothetic assistant's course in the college the way could be made easy for the artisan to keep in touch with the latest prosthetic advances. It is use-

less to argue the probability of a return to the universal custom of every dentist being his own laboratory man; there is nothing doing in that direction.

Dentistry needs the man whom I shall call the "prosthetic assistant." This is a better term than "laboratory man." Prosthetic assistant is exactly what he is; why not call him that?

Of course we cannot go round calling everyone what he really is, but in this case we have a name that actually describes in polite language the status of one who helps the dentist in a most trying and important field.

Let us welcome him as an ally and realize that in helping him we help ourselves.

Why Be Disqualified?

AT the meeting of the California Society of Oral Surgeons and Exodontists at San Francisco the other day a most important matter was discussed: the right of the dentist to sign death certificates in cases of death from dental causes.

Under the law the dentist may treat diseases of the mouth and jaws so long as the patient is on the road toward recovery. The dentist may extract the teeth of any patient, regardless of the seriousness of the condition, so long as the patient recovers. The dentist may set fractures of the jaw or repair a cleft palate if the patient remains this side of the Styx.

If the patient dies the dentist is in exactly the position of any other "layman": he must abide by the decision of the coroner as to the cause of death and his responsibility in the matter. The word of the medical practitioner is sufficient, except in the most unusual circumstances, to make a burial legal.

The dentist must shoulder a tremendous responsibility in the surgical treatment of oral conditions; his

license is good only for successful results; the medical license is good from the cradle to the grave.

It would seem most important for the development of dentistry to have this handicap removed so that the surgical dentist would not be placed in a very embarrassing position in case of the death of a patient.

Fortunately I have had to sign very few death certificates, but I would not feel very comfortable in the presence of a serious case if the right were withdrawn.

The surgery of the mouth has become a most important specialty in the treatment of human disease. The fact that the death rate has been low is due more to the careful handling of the patient than to the safety of the region of operation. As this type of surgery becomes more and more efficient there is bound to be an extension of the scope of this work. That extension can hardly proceed in the present status of a license that disqualifies the practitioner at the very moment of greatest stress. What will you do—continue to take chances or all together demand the recognition that has been withheld from dentistry but bestowed upon the chiropractor, the osteopath and, in some states, the Christian Scientist?

I feel certain that there will be no opposition upon the part of general medicine to the granting of this right to the surgical dentist, so that when he is called into consultation he may assume his full responsibility and not be a fairweather consultant who must respectfully withdraw and leave his confrere to hold the sack if the case goes wrong.

If dentistry is really to assume full responsibility for the mouth, then *dentistry must be prepared to go all of the way.*

The First District Dental Society of New York Rises to Remark

ON April seventh the First District Dental Society of the State of New York passed the following resolutions with a vote of one hundred and three to fifty-four.

This important society goes on record as definitely opposed to the policy of the Columbia "service clinic."

The commercializing of dental education seems to be rather popular at the source of that lily-white journal whose one bid for fame is its lack of advertising pages. Here are the resolutions:

"WHEREAS: It is the inherent duty and accepted function of the organized dental profession to maintain at all times the highest possible devotion to the best public welfare; and

"WHEREAS: It is, and always should be, the right and duty of the dental profession to guard its public-spirited efforts by keeping an ever watchful eye upon all educational institutions which prepare the future practitioner of dentistry; and

"WHEREAS: It is of outstanding importance that the entire profession co-operate wholeheartedly with such institutions to maintain dental education, in the words of the constitution of the American Association of Dental Schools, "in full accord with the highest requirements of professional education in the public service;" and

"WHEREAS: It is common knowledge that the College of Dental and Oral Surgery of Columbia University in the City of New York maintains a so-called "service clinic" in which graduate dentists, acting as salaried employees, operate upon so-called clinical patients under conditions similar to those of "dental parlors," now forbidden existence under the laws of the State of New York; and

"WHEREAS: Members of the First District

Dental Society of the State of New York, acting individually, have not succeeded in orderly efforts to bring about the eradication of this so-called "service clinic" at the Dental School of Columbia University; therefore

"BE IT RESOLVED: That the First District Dental Society hereby records its opposition in principle and policy to the so-called "service clinic" of the Dental School of Columbia University; and

"BE IT FURTHER RESOLVED: That the First District Dental Society, in its official representative capacity and with the best public interest as its sole aim, hereby pledges its utmost effort to prevent, by all proper means, the maintenance of non-teaching, non-research clinics in any dental educational institution in the State of New York; and

"BE IT FURTHER RESOLVED: That copies of these resolutions be sent to the Dean and to each member of the executive faculty of the Columbia University Dental School; also to the President and to all members of the Board of Trustees of Columbia University; and to the Commissioner of Education and all members of the Board of Regents of the University of the State of New York."

A New Trend in Education

THE University of Missouri has recently chosen a president who holds no collegiate degree. Some of the greatest teachers have been self-taught men as, for instance, Dr. G. V. Black. Johns Hopkins has a dean who holds no college degree and the University of California has elected a railway president as the head of that great university.

It is a well-known fact that education is not creative. Education only develops the possibilities of the student's brain. Where self-development has been successful we are very liable to have a superior

mentality; this is the type of brain that is needed in modern education.

The old stereotyped book-learning pedagogue is able to train the memory only. The self-taught man requires much greater ability to start with than does the school-taught man.

We might hazard the suggestion that much of our present education is devoted to training the minds of those who would be totally unable to apply themselves to a continued course of study without a hard-boiled faculty sitting on their necks. The great advantage of the self-taught, really educated, man is that HE CAN AND DOES WORK WITHOUT SUPERVISION. The college furnishes the supervision. You can educate yourself, but try and do it.

Who would be more successful in supervising the student than the man who can and does supervise himself?

First Spanish "Oral Hygiene" Appears

The first number of the new Spanish edition of ORAL HYGIENE, dated May, was mailed during April to the Latin-American dental profession. The 68-page magazine, text-book size, carried a cover printed in two colors from a drawing by James Kaufman of the ORAL HYGIENE staff. The text was largely a selection from issues of the English-language edition of ORAL HYGIENE.

The publisher's announcement, addressed to readers, pointed out that:

"Dentistry knows no geographical boundaries. Dentists in each country respect and honor their colleagues in other lands.

"Engaged in a profession dedicated to human betterment, absorbed in its complex problems, the dental profession of the world lives and strives and achieves as a single brotherhood—under the single flag of Dentistry.

"Now the new Latin-American edition of ORAL HYGIENE, bringing to you the thoughts of your colleagues in North America, seeks to strengthen this bond of brotherhood and to encourage a free interchange of ideas. The columns of the English-language edition of ORAL HYGIENE are open to you so that your own thoughts may help your North American colleagues."

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

"Yes, I'm a cosmopolitan. My father was Irish, my mother Italian, I was born in a Swedish ship off Barcelona, and a man named McTavish is my dentist!"

"What's McTavish to do with it?"

"Why, that makes me of Scottish extraction!"

"I beg your pardon, madam." A patron of the movies bent over and touched the woman in front of him on the shoulder. "But would you mind reading the subtitles in a little louder voice? The organ sometimes prevents me from hearing you."

"Nurse," said an amorous patient, "I'm in love with you. I don't want to get well."

"Cheer up, you won't," she assured him. "The doctor's in love with me, too, and he saw you kiss me this morning."

"We have the safest railway in the world where I came from. A collision on our line is impossible."

"Impossible! How do you make that out?"

"Why, we've only got one train."

Father: "I hear you are always at the bottom of the class. Can't you get another place?"

Son: "No, all the others are taken."

Gilda: "Did you read about the girl who was afraid to kiss her boy friend on account of germs?"

Hulda: "That's all right, my boy friend kisses so hard he kills germs."

Sadie: "He's got nothing on my boy friend. He makes his kisses so hot the germs are sterilized."

Jim: "What is college bred, pop?"

Pop (with son in college): "They make college bred, my boy, from the flour of youth and the dough of old age."

Chem. Prof.: "First I'll take some sulphuric acid, and then I'll take some chloroform."

Senior: "That's a good idea."

"Yes," said the bumptious young man, "I'm a thought-reader. I can tell exactly what a person is thinking."

"In that case," said the elderly man, "I beg your pardon."

A dear old lady had attended a health lecture, and stayed behind to ask the lecturer a question.

"Did I understand you to say," she asked, "that deep breathing kills microbes?"

"I certainly did say that many microbes are killed by deep breathing," replied the lecturer.

"Then can you tell me, please," she asked, "how one can teach the microbes to breathe deeply?"

"Well, that's getting out of a tight place," remarked the traveler leaving Edinburgh.

Timid Young Thing: "What sort of food do you advise me to eat for the first few days of the voyage?"

Brutal Steward: "Milk, it does not scratch as it comes back up."

Guide: "This, ladies and gentlemen, is the greatest waterfall in the Alps. May I ask the ladies to stop talking for a little while so we may hear the falling waters?"